



CITY OF CAPE TOWN

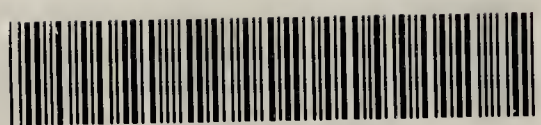
ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH



FOR THE YEAR 1972.



22501416893



City of Cape Town. - Stad Kaapstad.

With the Compliments of the Medical Officer of Health.

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MEDICAL OFFICER OF HEALTH



FOR THE YEAR 1972.



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THE CORPORATION OF THE CITY OF CAPE TOWN.

REPORT OF THE MEDICAL OFFICER OF HEALTH.

FOR THE YEAR 1972.

HIS WORSHIP THE MAYOR AND COUNCILLORS
OF THE CITY OF CAPE TOWN.

Ladies and Gentlemen,

It is with pleasure that I present my first Annual Report regarding health conditions in the City of Cape Town, together with an account of the work conducted by the City Health Department during the year 1972.

Throughout the year health conditions have been generally satisfactory.

VITAL STATISTICS.

The estimated population of the City, based on the 1970 Census, was 752 460 (239 050 White and 513 410 non-White), revealing an increase of 16 700 persons over the previous year.

BIRTHS.

Births notified to the Department were 22 112, showing an increase of 75 over last year. The White births decreased from 4 300 to 4 092, while the non-White births increased from 17 737 to 18 020. The overall birth rate nevertheless fell slightly, the Bantu being responsible for the only increase. The total non-White birth rate was still double that of the White group.

ILLEGITIMACY.

Illegitimate births rose from 6 243 to 7 090, an increase of 13,6% (White 16,8%, Coloured 8,3% and Bantu 28,4%). The percentage of illegitimate births born by race was 9,2% for Whites, 33,6% for Coloureds and 53,1% for Bantu. In teenage mothers the percentage of illegitimate births amounted to 69%.

DEATHS.

As a result of a change in the system of statutory registration of deaths from Registration Offices to local Police Stations, no information concerning deaths was obtainable for the 5-month period February to June inclusive. Accordingly the number of deaths registered in the remaining seven-month period has been increased proportionately to enable approximate yearly rates to be calculated. Where applicable, in the main text, yearly deaths thus estimated are shown in brackets.

Comparison with the rates of the previous year must be arbitrary, and were any conclusions to be drawn from the figures they would, of necessity, be unscientific and merely conjectural.

The unavailability of what had always been essential information caused this Department much concern and only after protracted negotiations and representations through the State Department of Health to the Department of Interior, was information again made available in the second half of the year, through central police stations.

INFANT MORTALITY.

Comparisons here, once again, are indefinite due to lack of full information as has been previously explained, and while the infant mortality rate based on estimates alone was the lowest on record, no reliance can be placed on this figure.

MATERNAL MORTALITY.

Three deaths (all Coloured) were recorded in the 7-month period when death returns were available.

INFECTIOUS DISEASES.

Measles continued to create a serious problem for this Department. 608 complicated cases were admitted to the City Hospital, of which 245 were imported. This figure is the second highest for many years. Fewer deaths were recorded — 20(35) as against 55 during the previous year. Of the cases treated in the City Hospital, only 19 died compared with 37 the previous year. This is a most gratifying achievement at this hospital.

In the third complete year since infectious hepatitis became notifiable, 207 cases (80 White and 127 non-White) were reported; 2 deaths occurred in the 7-month period.

11 cases of poliomyelitis (1 White and 10 non-White) were treated in hospital. This represents the highest number since 1968, 6 of these patients had not been immunised. No deaths were recorded.

The need for parents to guard against complacency about poliomyelitis cannot be over emphasised. It is their bounden duty and it is required by law that they ensure their children receive full immunisation.

The incidence of cerebro-spinal fever remained at a similar level to that of the previous two years – 58 cases having been notified. This figure is well below the 1966–1968 peak period.

17 confirmed cases of typhoid fever were reported, with secondary cases occurring in 3 separate households. There were no deaths.

There was an encouraging reduction of an estimated 94 deaths from gastro-enteritis. Of the 129(221) non-White deaths, 105(180), or 81% were under 1 year of age.

TUBERCULOSIS.

Despite the slight reduction of new cases of pulmonary tuberculosis – 1816 : 1971, to 1740 : 1972 – the disease still remains the chief health problem of the City.

The proportion among racial groups, White (a) to Coloured (b) and Bantu (c), was 1 (a) : 7,3(b) : 34(c) compared with 1(a) : 5,3(b) : 23,5(c) the previous year and gives a clear illustration of the extent of the disease among the Bantu group.

Nearly half of the patients are being treated on an out-patient basis, while those who require hospitalisation are discharged as soon as they are fit enough to continue treatment as out-patients. This has released many beds for seriously ill and infectious cases.

Shortage of medical staff caused difficulties in the Clinic Services, but despite fewer sessions being held, attendances nevertheless increased.

Two nurses were employed full-time on domiciliary treatment, administering over 16 000 injections, and the number of injections given to ambulatory patients rose by over 12%.

There were reduced attendances at the Mass X-ray Centres, probably caused by many firms having moved to out-lying industrial areas and being more reluctant to disrupt work for the longer periods required to avail themselves of the service. Despite this fall, cases discovered rose by 30% to 232 at Chapel Street Clinic, and by over 19% to 253 at the Langa Centre. The latter figures would indicate a high reservoir of infection in male adult work-seekers entering the City.

VENEREAL DISEASE.

A total of 13 171 new cases attended the municipal clinics – an increase of 2 005 persons over the previous year. New cases of syphilis (all forms) rose from 3 486 to 3 550 and gonorrhoea from 6 313 to 8 098, the increase being most marked in non-White males.

The disease among teenagers also increased from 979 to 1100, again mainly being confined to non-White males. In assessing these figures it must be born in mind that venereal disease is not a notifiable disease and that a very large number of persons (particularly Whites) attend their private doctors for treatment. This department has no record of such cases. The rise in incidence reflects a world wide trend.

During the year the Venereal Diseases Officer, who suffered a severe illness, was unable to perform his duties for a considerable time, and it was only by deployment of hospital medical staff and of part-time doctors that clinics were not curtailed.

MATERNAL AND CHILD WELFARE.

Of the births notified to the Department, 59% of the Whites and 94% of the non-White babies were seen at the infant consultation clinics at least once.

Other Child Welfare Clinics were also well supported and these attendances were supplemented by increased visiting of infants by Health Visitors.

There has again been a gratifying increase in the attendances at the family planning sessions – first attendances rose from 10 800 in 1971 to 12 100 in 1972, and total individuals attending from 20 000 to 26 900. The total attendances for the year were 89 809. Since assuming direct responsibility for family planning services in 1967 this Department has achieved a reduction in the overall birth rate from 42,4 to 35,1 per 1000 of the non-White population. The White birth rate is approximately one half of the non-White figure and is decreasing steadily.

Approximately 3 000 persons received treatment for minor foot ailments during the year by a qualified chiropodist.

HEALTH EDUCATION.

2 Health Education Lecturers (1 Coloured and 1 Bantu) were engaged to work among their respective communities.

After receiving appropriate training, they were deployed in giving health talks and demonstrations at schools, hospitals and clinics.

THE DENTAL CLINIC.

Shortage of part-time staff restricted progress in conservative dentistry and prophylactic treatment. The orthodontic section however, served by only one specialist was particularly well patronised and 136 appliances were inserted.

ENVIRONMENTAL SANITATION.

The inspectorial staff remained considerably under strength throughout the year, having an average shortage of 25% of White health inspectors. In view of this it was necessary, on many occasions, to deal with even the essentials on a strictly priority basis.

The State granted an increase in the food sampling quota for the year from 766 to 1 086, permitting of better control of foodstuffs.

Increases of licensing fees for boarding houses and ice cream vendors were promulgated during April, the new charges taking immediate effect.

76 dwellings mostly of the pondok type were declared slums during the year.

MILK CONTROL.

The T.B. eradication scheme for the Western Cape was actively continued by the State, and 570 infected animals were slaughtered at the Maitland Abattoir. Compensation for losses incurred is provided for under the scheme.

On the City's Milk Shed Register there are in all 148 accredited T.B. free herds and more than 12 000 animals, mainly calves, were immunised by the Division of Veterinary Services.

Conversion from imperial to metric weights and measures was completed during the year.

The average daily fresh milk production exceeded 352 000 litres, 79% being used for the fresh milk trade and the remainder diverted to industry, mainly for the manufacture of cheese, powdered milk and butter.

AIR POLLUTION.

A total of nearly 500 fuel burning appliances were registered with the Department by the end of the year.

Certain other premises and organisations, such as the South African Railways and Harbours, the Post Office, Hospitals, etc., do not fall under the jurisdiction of this Department, but are the responsibility of the State Health Department.

54 industrial premises were dealt with during the year for exceeding the smoke emission limit or otherwise contravening the Act.

The Table Bay power station experienced teething troubles in the conversion from coal to oil.

Approaches to the local Gaol and Post Office Management for co-operation to reduce smoke emission met with little success.

Monitoring revealed a considerable increase in the pollution of the air compared with previous years — particularly over the Central City Area. This was in part due to lack of strong winds and frequent inversions.

As a result of concern with regard to these readings, the Council for Scientific and Industrial Research carried out tests which indicated faults in instrumentation. When these were corrected an improvement in the readings became apparent.

It is anticipated that this, together with improvements at the Table Bay Power Station, will enable a satisfactory standard to be maintained.

HOUSING.

Dwellings of various types constructed during the year amounted to 2 495, of which 2 466 were erected by the Council's Building Unit and 29 by other contractors. 58 dwellings were converted from sub-economic to economic lettings.

The demand for rented accommodation continued to be high, with a backlog of more than 11 000 listed applicants, of whom 9 000 require economic rental dwellings.

GENERAL.

All in all the year 1972 was somewhat exacting and difficult for the Department. Apart from the shortage of staff, particularly in the medical and health inspection fields, the advent of the Public Health Bill necessitated careful and responsible study and reports by the various Branches; this placed an additional and unusual burden on all concerned.

As previously mentioned, difficulties arose through the sudden hiatus caused by the abrupt cessation of information regarding deaths in the municipal area and last, but by no means least, troubles which beset the Table Bay Power Station in the course of its conversion, although outside the control of this Department, nevertheless caused considerable inroads on time and patience.

STAFF.

After a very productive period of over 20 years of unstinted effort and devotion as Medical Officer of Health of Cape Town, Dr. E.D. Cooper retired on the 18th March, 1972. He joined the service on the 16th June, 1939, as Resident Medical Officer at the City Hospital, served in the Armed Forces up North during the Second World War and, on his return, immediately took up duty as Deputy Medical Officer of Health on the 7th May, 1945, under the late Dr. F.O. Fehrsen, whom he succeeded on the 18th January, 1952. My personal wishes and those of the whole Department for a long and happy retirement, together with our thanks for the assistance and guidance given to us all, over the years, go with him.

Dr. R.J. Coogan was appointed on the 1st August, 1972, as Deputy Medical Officer of Health; Dr. T.J. Malherbe was appointed Superintendent of the Brooklyn Chest Hospital on the 1st October, 1972; and Dr. J.C. Wyatt, Assistant Medical Officer of Health, resigned on the 31st July, 1972.

ACKNOWLEDGMENTS.

I record with much appreciation and thanks the loyal support and assistance so willingly given to me at all times by members of my staff. I wish also to thank Heads of Departments and other officials for their co-operation and assistance during the year and the Municipal Service Commission for their helpfulness and understanding in regard to staff matters, particularly refundable posts. To the Chairman and Members of the Amenities and Health Committee, as well as other members of the Council, I also offer my thanks for their consideration and support at all times.

Yours faithfully,

R.M. LANGERMAN.

M.B. Ch.B., D.P.H., F.R.S.H.

MEDICAL OFFICER OF HEALTH.

City Health Department,
"Libertas",
Hertzog Boulevard,
Foreshore,
CAPE TOWN.

MUNICIPALITY OF THE CITY OF CAPE TOWN

LEADING STATISTICS, YEAR ENDED 31ST DECEMBER, 1972.

				WHITE	NON-WHITE	ALL RACES
AREA:— 28 170,80 Hectares/108,77 sq. Miles						
Total population	...	...	...	239 050	513 410	752 460
Birth rate	...	...	...	17,1	35,1	29,4
Death rate	...	...	...	8,99	7,41	7,91
Infant mortality rate	...	...	...	13,0	38,1	33,5
Maternal mortality rate	...	...	...	0,0	0,01	0,01

All the above rates are annual and expressed as per 1,000 population of each class, except the infant and the maternal mortality rate, the former being expressed as per 1,000 live births occurring during the year (corrected) and the latter per 1,000 live and still births.

RAINFALL

Amount in MM/Inches	...	...	424,1 mm./16,7 inches
No. of rainy days	...	...	125

TEMPERATURE

Maximum	...	...	...	39,9 °C on 12th November (Average 22,5 °C)
Minimum	...	...	...	0,7 °C on 14th August (Average 11,6 °C)

Information kindly supplied by Officer-in-Charge, Weather Office, D.F. Malan Airport

REPORT

OF THE

MEDICAL OFFICER OF HEALTH

FOR THE YEAR 1972.

SECTION I. NATURAL AND SOCIAL CONDITIONS.

PHYSICAL GEOGRAPHY

Cape Town is situated at the northern end of the Cape Peninsula. The Peninsula lies off the west coast of the mainland of South Africa, extending from north to south a distance of about 33 miles and attaining a maximum width of about ten miles. Its average width east and west may be estimated at five miles. The northern half of its eastern side is connected with the mainland by a wide low-lying sandy isthmus, known as the Cape Flats, which separates Table Bay to the north-west from False Bay to the south-east. The narrowest part of the isthmus measures about twelve miles from sea to sea.

The backbone of the Peninsula is a mountain range which extends from Table Mountain (3,549 ft) at its north end to Cape Point at the south. The land slopes from the mountains to the sea or, where the isthmus joins the Peninsula, to the Cape Flats. While much of the Peninsula area lies at heights of over 1,000 ft., most of the isthmus does not reach 100 ft., and a rise of sea level would convert the Peninsula into two islands nearly equal in area.

From the bottom of the slope below the face of Table Mountain there extends down to Table Bay a bed of alluvial deposits, on which a good deal of old Cape Town is built. At the shore of the Bay there is a considerable area of land that has been reclaimed from the sea as the result of the construction of the new harbour.

The City of Cape Town consists of a central portion which, before the City extension of 1913, constituted the whole Municipality and is sometimes known as Cape Town proper or central Cape Town (Wards 2-6), and a chain of suburbs on either hand. The central portion lies in the amphitheatre which, extending down to Table Bay towards the north-east, is backed on the other sides by the precipitous face of Table Mountain and on its outlying masses, Devil's Peak on the east and Lion's Head and Signal Hill on the west. It therefore lies between the mountain and the sea, and, unlike the centre of most cities, is not surrounded by its suburbs.

The suburbs extend beyond this amphitheatre on either hand. To the west, marine suburbs known as Green Point, Sea Point, Camps Bay and Bakoven (Wards 1, 2, and 3) lie along the Atlantic sea board for a distance of about six miles curving with the coast in a southerly direction. They are on the seaward slopes of Signal Hill and Lion's Head.

To the east the 'Southern Suburbs' (Wards 7-9 and 11-17) extend around Devil's Peak and are stretched for about sixteen miles along the road and suburban railway line which after rounding Devil's Peak pass along the eastern side of Table Mountain in a southerly direction to the shore of False Bay. Woodstock and Salt River (Ward 8), next to Cape Town proper, slope down to Table Bay and at the other end Muizenberg, St. James and Kalk Bay (Ward 17) lie on the False Bay coast. The string of suburbs between, known successively as Observatory, Mowbray, Rosebank, Rondebosch, Newlands, Claremont, Kenilworth, Wynberg, Plumstead, Diep River, Heathfield, Retreat and Lakeside, lie on the eastern slopes of the Mountain range, and, to a greater extent, on the Cape Flats below this range.

The Municipality extends over the Cape Flats to a varying depth of up to $4\frac{1}{2}$ miles and is today being extensively developed for industrial and residential purposes. Some of the largest non-White residential townships have within recent years been laid out in these areas and are served by the Cape Flats railway and the Nyanga link which form loops lying in a more easterly direction than the main suburban line.

There is an extension of the Municipality beyond Salt River in a north-easterly direction on the Flats bordering Table Bay. This (Ward 9) includes the suburbs of Maitland, Brooklyn, Rugby, Kensington and Thornton which, together with other townships lying outside the municipal area of the city and following the main road to the north, are known as the 'Northern Suburbs'.

AREA

The area of the Municipality of Cape Town on 31st December, 1972 comprised 28 170,8 hectares (108,8 square miles). The length of the main road passing through the municipality from the boundary at Bakoven to that at Clovelly is about 40 kilometres (26 miles).

CLIMATE

Cape Town is situated in Lat. $33^{\circ}55'S.$, Long. $18^{\circ}25'E.$. Its climate is largely determined by the fact that during the summer season the prevailing winds are south-easterly and in the winter north-westerly; and that the western shore of the Cape Peninsula is washed by a cold current from the Antarctic.

There is an average of nearly three thousand hours of bright sunshine per year, and the temperature is equable. The rainy season is in the winter, but occasional showers also occur in the summer months of December, January, February and March. Those areas of the municipality situated on the two seaboard are much frequented by holiday-makers from other parts of the country. To the attractions of the climate are added the great natural beauties of the Peninsula and its hinterland.

From the point of view of public health Cape Town belongs to the temperate zone, and tropical diseases, except for imported cases, are entirely absent. The state of health and the mortality statistics of the White portion of the population are much the same as would be expected in a socio-economically advanced European city.

SOCIAL AND ECONOMIC CONDITIONS

Thirty-two per cent of the total population of the Municipality of Cape Town (including the Bantu Townships) of over 752,000 consists of Whites or 'Europeans'. The other 68 per cent is commonly designated as 'non-Whites', 80 per cent of these non-Whites are of the mixed race known as Cape Coloured, the remainder consists of Bantu and Indians.

The Cape Coloured are largely the descendants of the slaves of earlier days, whose emancipation was completed in 1835. Their ancestors of the eighteenth century and earlier were mainly Europeans, Hottentots, blacks from Mozambique, Madagascar and other parts of Africa, and East Indians from the Dutch East Indies. In more recent years they have received additions from White, Bantu and other stocks.

There is one section of the Cape Coloured, Moslem in religion, known as 'Malays' who are more immediately descended from the Dutch East Indies. Though they possess a larger infusion of this strain, they are much mixed with the other elements present in the Cape Coloured.

The social and economic conditions of the Cape Coloured are on the whole unsatisfactory. A section of them are skilled tradesmen and earn good wages but the majority are unskilled labourers and many of the men earn less than R20 a week when in full employment. The position is aggravated by the large size of their families. The family income may be augmented where possible by earnings brought in by the wife and children. The measures taken for the prevention and relief of distress are inadequate, and there is no compulsory insurance against sickness. There is much malnutrition, and housing accommodation apart from municipal schemes is expensive and poor. The social and cultural level is low but is showing signs of steady improvement. The principle of compulsory education does not as yet apply to the non-Whites. The illegitimacy rate is high and venereal disease is rife. The social contrast between Whites and Cape Coloured can be expressed by the statement that whereas in the Whites it is only a small minority that belong to the depressed classes, in the Coloured it is the majority. The same contrast is seen in housing conditions; it is a small minority of Whites who live in overcrowded conditions, but a majority of the Coloured.

The Bantu constitute only 18 per cent of the non-Whites. They live in the municipal Bantu townships of Langa and Guguletu, or if in domestic service, in their employers' homes. Many of the Bantu are males from the Bantu homelands who still retain their link with the territories and usually return there eventually; but there is an increasing population of detribalised Bantu who are permanently resident in Cape Town and live here with their families. Their social and economic conditions are on the whole worse than those of Coloured people but their housing in municipal Bantu townships is better.

The Indians total 9920 in number. They are nearly all traders, and are better off than the Cape Coloured. Some of them are making good progress in business and are well-to-do.

There are parts of the city where the inhabitants are mainly non-White and other parts that are exclusively occupied by Whites and their non-White servants. The various sections of the community, however, are to a great extent inter-mingled, and there is nothing approaching complete segregation of the races. The State Department of Community Development has commenced to unscramble the present hotch-potch of White and non-White residential areas. This activity is placing additional strains on the local authority's attempt to reduce overcrowding and clear the many slums in the city area, as the requirement by this State Department for newly constructed municipal economic and sub-economic homes, amounts to as much as 50 per cent. The geographical distribution of White and Coloured is very much the same as that of well-to-do and poor in a European town. In the planning of housing under the Housing Act the estates for Whites are separate from those for non-Whites and this will contribute to progressive and complete residential separation.

Striking contrasts are presented by the vital statistics of the different races, which will be found in the next section of this report.

WATER SUPPLY

The following are the main sources of supply:

Voëlvlei Dam	165 188 megalitres
Wemmershoek Dam	58 643 megalitres
Steenbras Dam	34 290 megalitres
5 Reservoirs on Table Mountain	2 377 megalitres

During 1972 the daily consumption varied between a maximum of 470 megalitres during the summer and a minimum of 175 megalitres during the winter. The average daily consumption during the year was 307 megalitres.

Seventeen other dependant local authorities obtain their supplies of water from the Cape Town undertaking.

DRAINAGE

Practically the entire built-up area of the municipality is provided with water-borne sanitation.

The principal sewage treatment plant is located at Athlone with a dry weather flow of 82 megalitres per day. The Athlone plant is now completely surrounded by residential areas and is only 8 Kilometres from the centre of the city.

Approximately 23 megalitres of sewage from the Wynberg-Clovelly area plus approximately 14 megalitres of sewage from Guguletu, Nyanga and the developing areas of the Cape Flats are treated in recirculated photosynthetic oxidation ponds at the Strandfontein Road Cape Flats Sewage Treatment Works. The ultimate capacity of these works will be 122 megalitres per day. Eventually sewage in excess of the designed capacity for Athlone will also be treated at these Cape Flats Works.

MARKETS

The Wholesale and Early Morning Market at Epping was designed specifically to meet the particular needs of Cape Town, the main hall is believed to be the biggest structure of its kind in Southern Africa. Ancillary buildings consisting of a three-platform railway terminal, administrative block, special auction block for graded and standardised products, loading platforms for 348 lorries, and minor facilities such as restaurant, rest rooms, etc. have also been built, and each one of these sections has been designed for extension when the need arises. A fulltime Health Inspector from the Health Department is responsible for the checking and control of all food-stuff passing through this market.

MUNICIPAL ABATTOIR

A new municipal abattoir erected at a cost of R3,500,000 at Maitland was put into commission in August 1966. This modern abattoir replaced the old abattoir which had been in use — with minor additions — since 1914.

The new abattoir is geared at the moment to slaughter 900 adult cattle, 150 calves, 5 300 sheep and goats and 600 pigs a day. It is a regional abattoir and provides meat for Greater Cape Town and most of the remaining portion of the Western Cape. During 1972 the total value of meat handled at the abattoir was R42 000 000.

All condemned material and blood is rendered by the by-products plant into carcass meal, tallow and blood meal. During 1972 R267 000 worth of by-products was realised.

Since completion of the abattoir in 1966 many improvements have been made such as the demolition of old buildings, road building, fencing and improving of parking facilities. Improvements effected during 1972 include the addition of a second mechanical line for the slaughter of sheep, building of additional lairages and ablution facilities, enlarging of the by-products plant and developing a well equipped and staffed diagnostic laboratory.

At present 26 meat inspectors are employed on meat inspection and other hygiene duties. The professional staff comprises an abattoir director, an assistant abattoir director and three additional veterinarians.

As a result of requirements contained in the Animal Slaughter, Meat and Animal Products Hygiene Act (No. 87 of 1967) a general betterment in respect of all phases of meat hygiene such as offal handling, refrigeration, by-products production, hygiene surveys, cleansing and sterilisation of plant and equipment has been achieved.

MUNICIPAL WARDS

The following is a guide to the more important areas.

Ward	1	Camps Bay
Ward	2	Sea Point
Ward	3	Three Anchor Bay, Green Point and Mouille Point
Ward	4	Tamboerskloof
Ward	5	Oranjezicht and Vredehoek
Ward	6	Central area
Ward	7	Harbour Area
Ward	8	Lower Woodstock and part of Salt River
Ward	9	Maitland, Brooklyn, Kensington and Thornton
Ward	10	Observatory and Mowbray
Ward	11	Rondebosch
Ward	12	Athlone, Langa and Guguletu Townships
Ward	13	Claremont, Lansdowne, Crawford and part of Ottery
Ward	14	Newlands and part of Claremont
Ward	15	Kenilworth and Wynberg
Ward	16	Plumstead, Southfield, Heathfield, Bergvliet and Meadowridge.
Ward	17	Diep River to Clovelly

SECTION II - VITAL STATISTICS

The vital statistics in this report refer to the Municipality of Cape Town and are for the calendar year 1972.

Births notified to the department are attributed to the month of occurrence, deaths to the date of registration. Both sets of figures have been corrected for inward and outward transfers. The compilation of registered births has been discontinued.

Deaths are shown as 'crude' or 'uncorrected' and include all registrations as having occurred in the Municipality of Cape Town with the addition of inward transfers. 'Corrected' refers to the foregoing after the deduction of outward transfers.

In February, as a result of Government policy the registration of Births and Deaths was undertaken by the police, and for a period of 5 months until July, information regarding deaths from this source was unobtainable.

The number of deaths shown therefore, relates to a 7 month period and for the purpose of computing yearly rates, has been proportionally increased to correspond to a 12 month period and are shown in brackets.

Information relating to deaths is extracted from the records and by courtesy of the Minister of the Interior.

In the table on page 106 of this report, the record of vital statistical rates is set out for a series of years.

The Bantu racial group includes all Bantu whether living in the City or in the townships of Langa and Guguletu.

POPULATION

The estimated population of the municipality of Cape Town for the year under review and the previous year is shown in the following table. Except in the case of the Bantu, it is calculated for the middle of the period (30th June) from the final figures of the census of 1960 and 1970.

Changing conditions relating to the presence of Bantu in the City have rendered preferable the use of the tally of the Bantu population known to the Bantu Administration of the Council, as being more factual than calculations based on the census findings.

Race	1971			1972		
	Males	Females	Persons	Males	Females	Persons
White ...	112090	123460	235550	113750	125300	239050
Coloured	186850	210650	397500	193830	218510	412340
Bantu ...	61480	31570	93050	60860	30290	91150
Asiatic	5020	4640	9660	5160	4760	9920
Non-White	253350	246860	500210	259850	253560	513410
All Races	365440	370320	735760	373600	378860	752460

The following is the population of the two Bantu Townships, included in previous table, based on an enumeration made at the end of June, 1972 by the Township authorities.

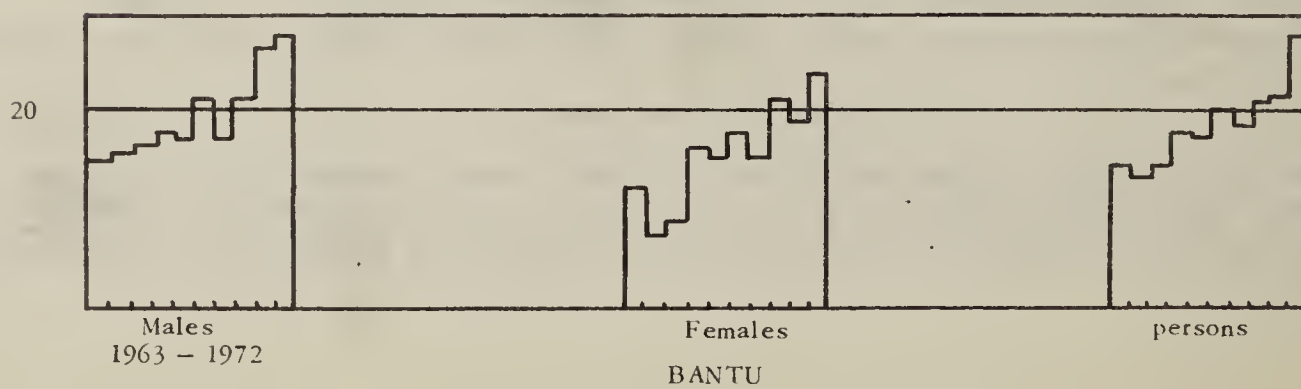
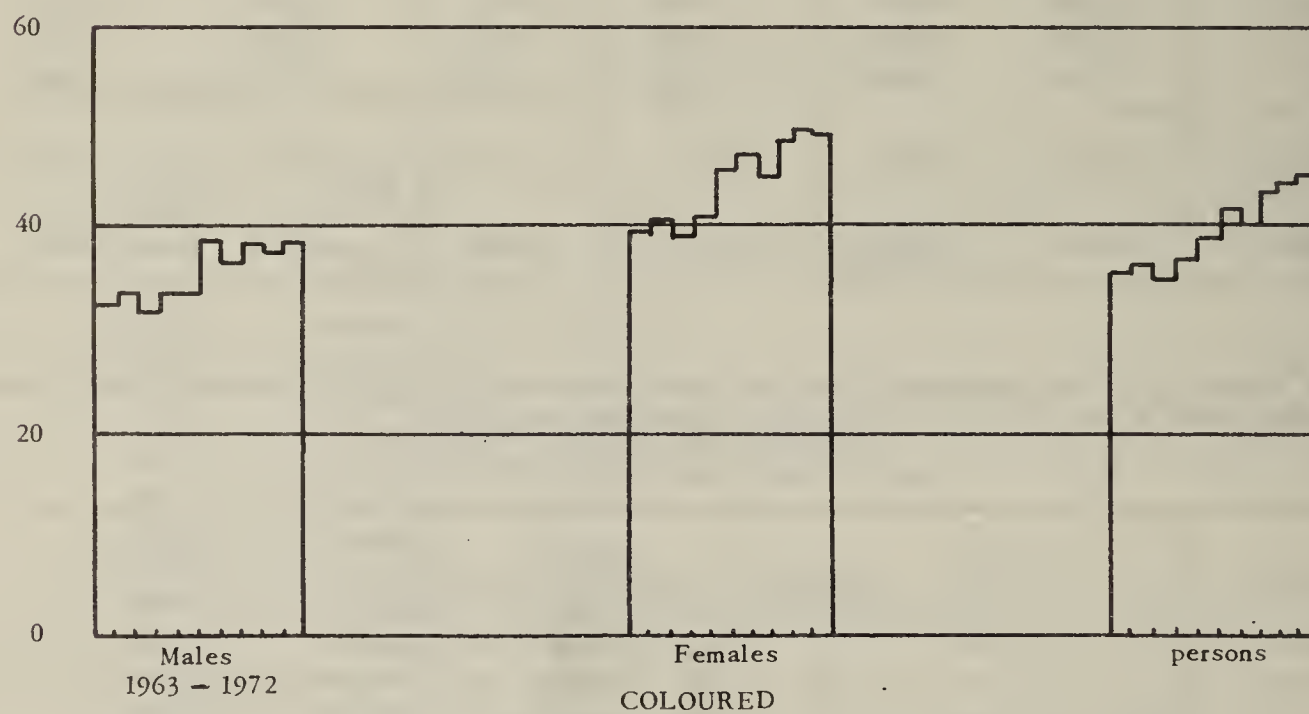
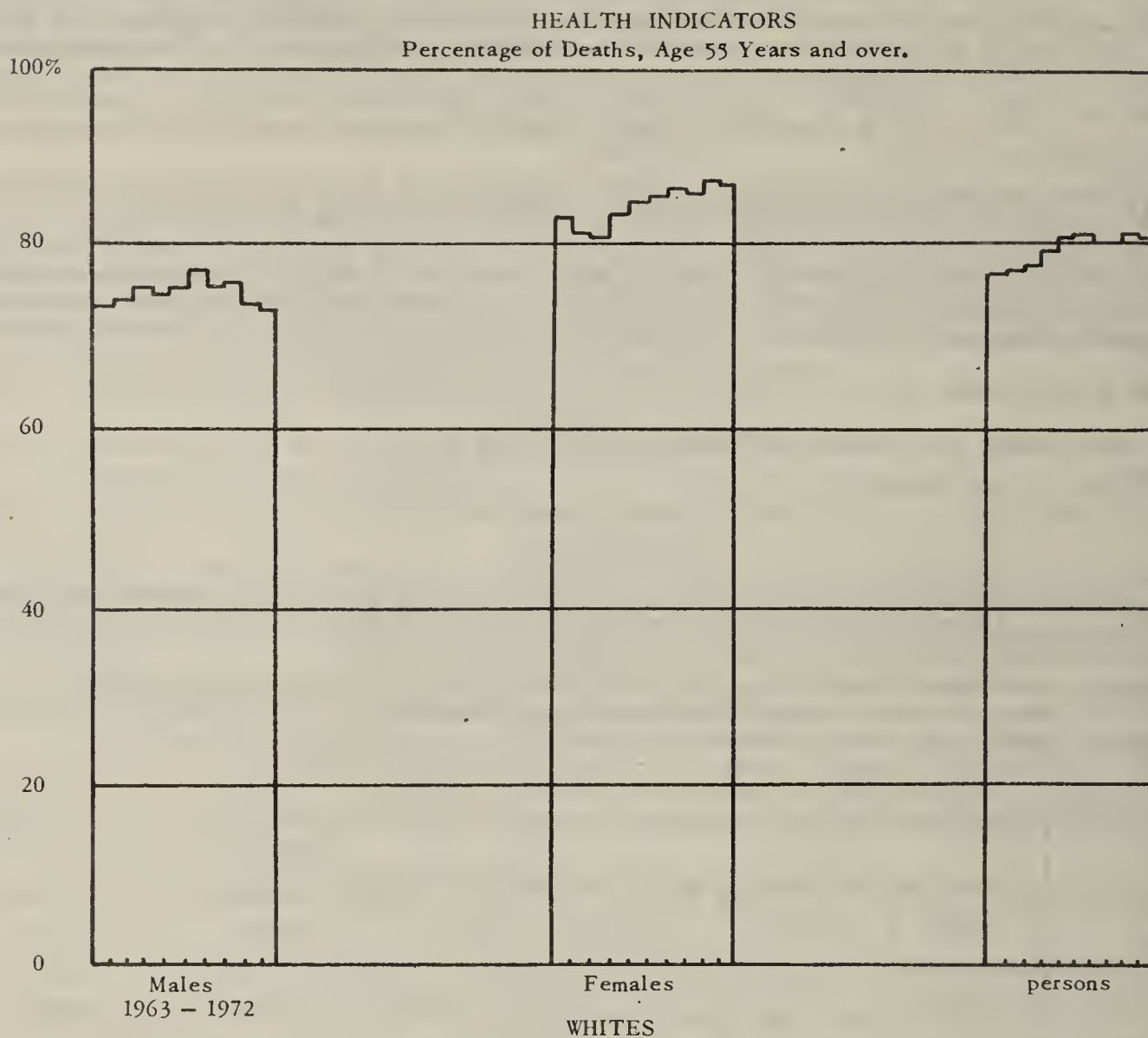
	Males	Females	Persons
Langa ...	27910	4270	32180
Guguletu ...	25110	22880	47990

HEALTH INDICATORS

These tables indicate a steady rise in the percentage of deaths occurring at age 55 and over in the racial groups of the population, over the past ten years. The trends can be accepted as a satisfactory indication that the general environmental and health services are having the desired effect. More persons are attaining the age of 55 years than formerly and, generally speaking, it is the female who enjoys the longer span of life.

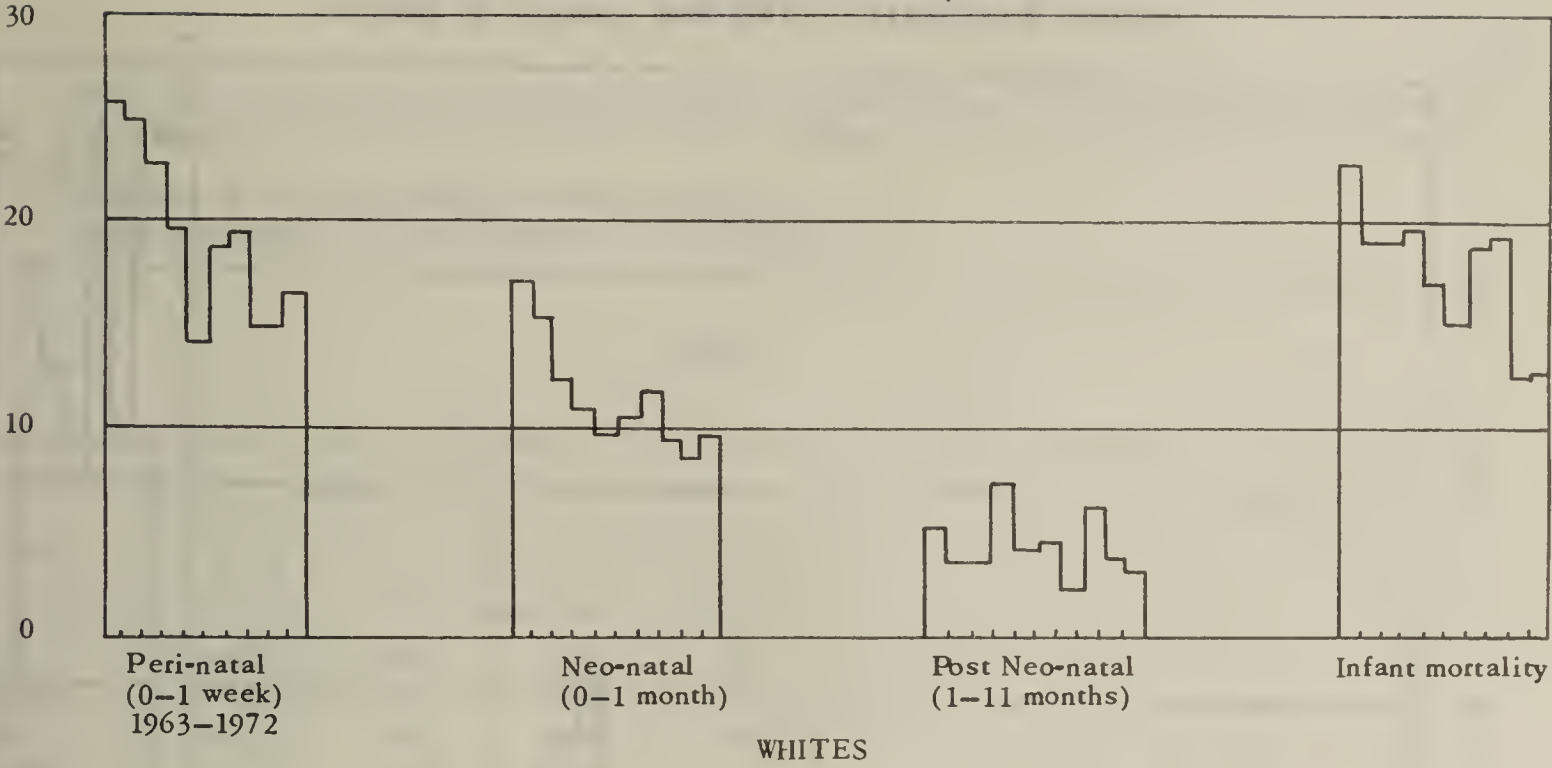
The mounting percentage of deaths occurring in the higher age groups is more evident among non-Whites where the increase over the 10-year period was 8 per cent compared with a decrease of 1 per cent for Whites. Notwithstanding the apparent great increase in the non-White group, the low percentage of deaths still occurring in the over 55 year group should be noted.

The tables relating to the infantile mortality rates based on notified births are published for the sixth time and cover a 10 year period.

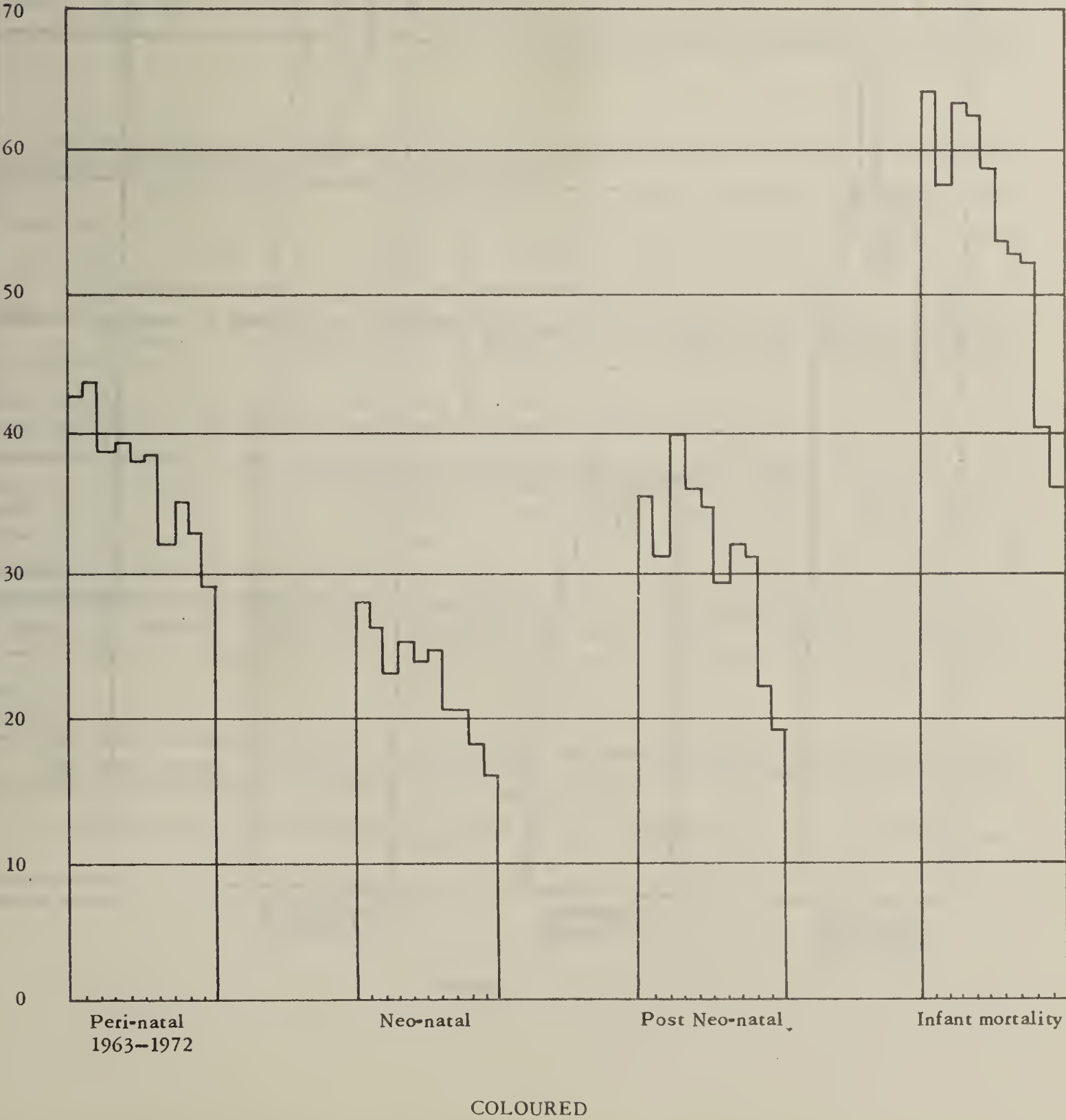


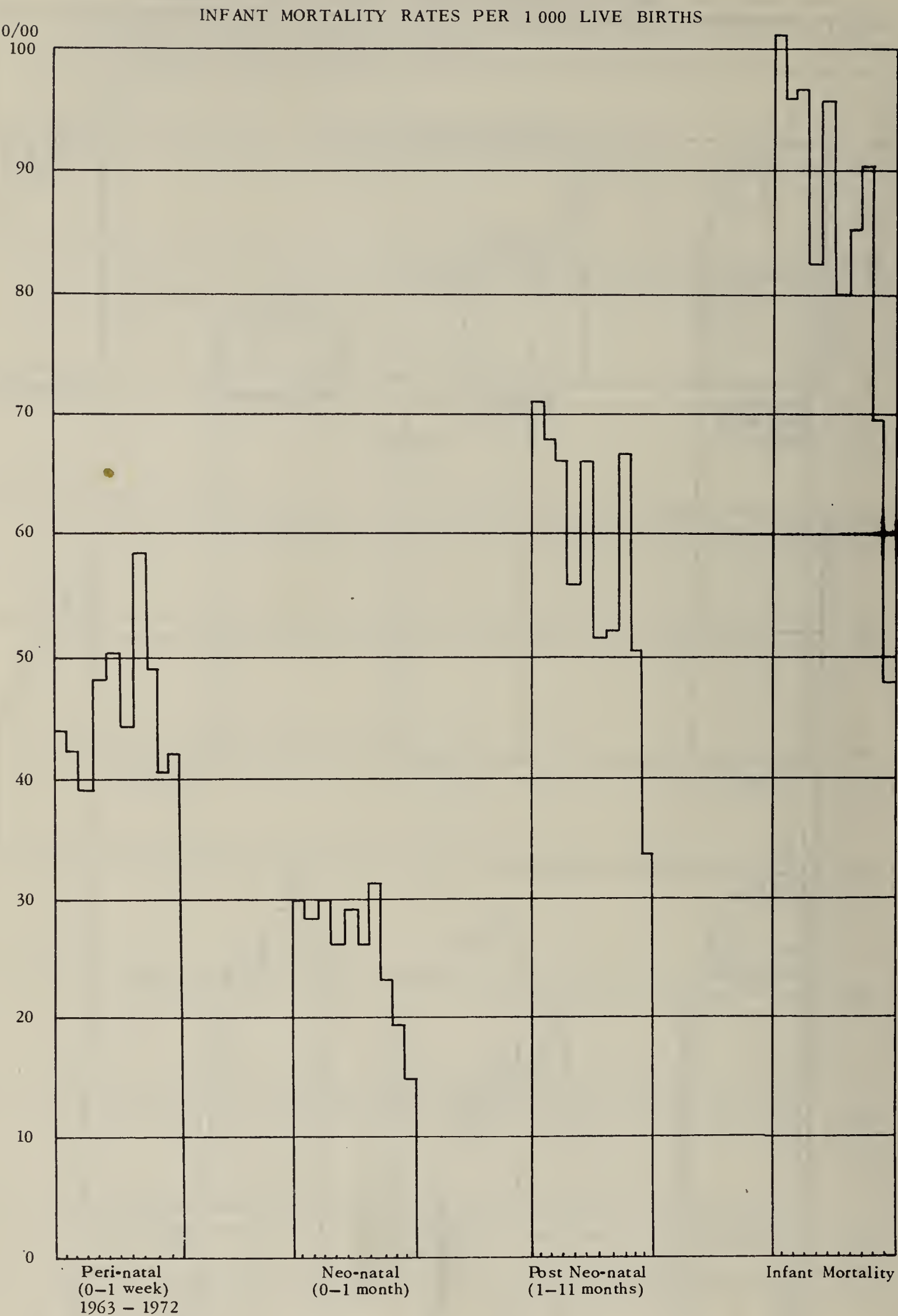
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INFANT MORTALITY RATES PER 1 000 LIVE BIRTHS



0/00





BANTU

BIRTHS

Births are notified direct to the Medical Officer of Health from institutions, midwives and others in terms of the Regulation re Early Notification of Births. (Section 133 (1) of the Public Health Act No. 36 of 1919).

Recording of registered births has been discontinued.
Particulars relating to notified births are as follows:—

BIRTHS

Race	Males		Females		Total		Birth rate	
	1971	1972	1971	1972	1971	1972	1971	1972
White	2 245	2 061	2 055	2 031	4 300	4 092	18,3	17,1
Coloured	7 165	7 272	6 980	6 884	14 145	14 156	35,6	34,3
Bantu	1 721	1 800	1 648	1 882	3 369	3 682	36,2	40,4
Asiatic	116	112	107	70	223	182	23,1	18,3
Non-White	9 002	9 184	8 735	8 836	17 737	18 020	35,5	35,1
All races	11 247	11 245	10 790	10 867	22 037	22 112	30,0	29,4

The following table shows the variation in the number of births and birth rates per 1 000 population for the Municipality of Cape Town over a period of five years.

Race	1968		1969		1970		1971		1972	
	Live births	Birth rate	Live births	Birth rate	Live births	Birth rate	Live births	Birth rate	Live births	Birth rate
White ...	3 835	18,1	3 948	18,4	4 165	19,2	4 300	18,3	4 092	17,1
Coloured	13 912	39,2	14 083	38,2	13 465	35,2	14 145	35,6	14 156	34,3
Bantu ...	2 978	36,8	2 985	35,3	3 148	36,7	3 369	36,2	3 682	40,4
Asiatic ...	189	21,3	199	21,8	200	21,4	223	23,1	182	18,3
Non-White	17 079	38,4	17 267	37,4	16 813	35,2	17 737	35,5	18 020	35,1
All races	20 914	31,8	21 215	31,4	20 978	30,2	22 037	30,0	22 112	29,4

The table reflects a continuous and steady decline in the overall birth rate over the past 5 years. Only the Bantu group shows an increased rate over the previous year.

It will be observed that the Coloured and Bantu rates are more than twice that of the White group.

Illegitimate live births notified during the year, were as follows:-

Race	Notifications			
	Number		Percentage of total live births.	
	1971	1972	1971	1972
White	322	376	7,5	9,2
Coloured	4 392	4 756	31,0	33,6
Bantu	1 522	1 955	45,2	53,1
Asiatic	7	3	3,1	1,1
Non-White	5 921	6 714	33,4	37,3
All races	6 243	7 090	28,3	32,1

A further 919 illegitimate live births to non-residents were notified.

MULTIPLE BIRTHS

Twins notified to the Department.

		Children					
		Both males		Both females		Mixed	
Race	No. of pairs	Legit.	Illegit.	Legit.	Illegit.	Legit.	Illegit.
White	41	16	2	11	1	10	1
Non-White	195	43	20	41	21	52	18
Total	236	59	22	52	22	62	19

In addition the following were notified:- 2 sets of triplets -- 1 set Coloured
1 set Bantu

STILL BIRTHS

Race	Notifications			
	Number		Still birth rate	
	1971	1972	1971	1972
White	34	33	7,9	8,1
Coloured	248	231	17,5	16,3
Bantu	84	115	24,9	31,2
Asiatic	4	3	1,8	1,6
Non-White	336	349	18,9	19,4
All races	370	382	16,8	17,3

The rate is calculated as per 1,000 births. A further 44 still births to non-residents were also notified.

BIRTHS IN INSTITUTIONS

Live and still births

Race	Notifications			
	Number		Percentage of total maternities	
	1971	1972	1971	1972
White	4 216	4 006	97	97
Coloured	9 020	8 649	63	60
Bantu	2 160	2 237	63	57
Asiatic	134	106	59	57
Non-White	11 314	10 992	63	60
All races	15 530	14 998	70	67

MATERNITY BEDS AVAILABLE AT VARIOUS HOSPITALS

Mowbray Maternity Hospital	99
Groote Schuur Hospital	80
Peninsula Maternity Hospital	76
Somerset Hospital	50
St. Monica's Home	39
	<hr/>
	344

GENERAL MORTALITY

The deaths and rates per 1 000 population are shown in the following table:—

	Crude Total		Outward Transfers		Corrected Deaths	Death rate	Death rate
	M.	F.	M.	F.	Persons	1971	1972
White	770	775	165	127	1253 (2148)	9,04	8,99
Coloured	1 276	979	283	200	1772 (3038)	7,66	7,37
Bantu	315	179	47	33	414 (710)	8,82	7,79
Asiatic	27	13	4	2	34 (58)	4,76	5,85
Non-White	1 618	1 171	334	235	2 220 (3806)	7,82	7,41
All races	2 388	1 946	499	362	3 473 (5954)	8,21	7,91

As explained on page 9 deaths were recorded for a 7 month period of the year, the figures in brackets indicating the corresponding proportional figure for 12 months.

Compared with the previous year, the death rates for all races declined by 3,7%, in the Whites 0,6% and in the non-Whites by 5,2%. The White decrease was inconsequential.

The non-White decrease was due to fewer deaths from road accidents, gastro enteritis, homicides and prematurity in that order.

Table L on page 106 sets out the annual death rates in years from 1943 and quinquennia from 1942.

For the purpose of comparison the death rates for certain other towns in the Republic and for England and Wales are set out in Table M on page 107.

Deaths registered as belonging to the Bantu Townships are included in the foregoing figures. Particulars regarding these will be found in Table A on page 93.

PRINCIPAL CAUSES OF MORTALITY

Whites				Non-Whites			
Int. * Code No.	Cause of death	Deaths	Death rate	Int. * Code No.	Cause of death	Deaths	Death rate
410-416 420-422 430-434 440-443	Cardiovascular diseases	318 (545)	2,28	410-416 420-422 430-434 440-443	Cardiovascular diseases	311 (533)	1,04
140-205	Cancer	237 (406)	1,70	140-205	Cancer	276 (473)	0,92
794	Senility	209 (358)	1,50	490-493 500-502 763	Bronchitis and Pneumonia	257 (441)	0,86
330-334 450-456	Arterial diseases	167 (286)	1,20	330-334 450-456	Arterial diseases	226 (387)	0,75
490-493 500-502 763	Bronchitis and Pneumonia	63 (108)	0,45	E800-999	Accidents and violence	170 (291)	0,57
260	Diabetes	45 (77)	0,32	760-762 765-776	Infant diseases	141 (242)	0,47
E800-999	Accidents and violence	43 (74)	0,31	571,764	Gastro Enteritis	129 (221)	0,43
300-326	Mental disorders	34 (58)	0,24	001-019	Tuberculosis	128 (219)	0,43
581	Cirrhosis of liver	21 (36)	0,15	794	Senility	94 (161)	0,31
760-762 765-776	Infant diseases	18 (31)	0,13	260	Diabetes	91 (156)	0,30

* Based on the International Classification of Diseases, 7th Revision.

The deaths listed above account for 86% of all deaths.

Cardiovascular diseases again heads the list of principal causes of death for both racial groups. Among Whites the order of the first five causes remained the same as the previous year.

Among non-Whites, cancer has displaced accidents and violence to become the second most important cause; this is followed by bronchitis and pneumonia and arterial diseases.

Further details of the year 1972 will be found in Table A to C pages 93 to 95 and in Table D, on pages 96 and 97 the rates of mortality of a short list of causes are shown by race with the corresponding figures for the previous 10 years.

DEATHS FROM CORONARY THROMBOSIS (CODE 420) OVER 5 YEAR PERIOD 1968 TO 1972
DEATHS AND DEATH RATES PER 1,000 POPULATION.

RACE	1968		1969		1970		1971		1972	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
White	309	205	318	176	314	182	310	169	159 (273)	111 (190)
	3,06	1,84	3,11	1,57	3,04	1,60	2,77	1,37	2,40	1,52
Coloured	172	115	165	106	180	93	164	94	96 (165)	69 (118)
	1,03	0,61	0,95	0,54	1,00	0,46	0,88	0,45	0,85	0,54

SEASONAL VARIATION

The seasonal variation in mortality is shown in the table below and in Table C on page 95 where the deaths for the year are classified for specific causes.

		1967	1968	1969	1970	1971	Mean 5 years	1972
January	...	539	473	472	485	490	492	436
February	..	459	445	471	484	546	481	—
March	..	403	478	469	443	533	465	—
April	..	446	461	505	583	515	502	—
May	..	496	524	543	546	481	518	—
June	..	569	530	651	600	543	579	—
July	..	572	526	732	700	523	611	520
August	..	608	625	609	689	557	618	614
September	..	537	529	573	713	553	581	461
October	..	507	461	541	562	451	504	434
November	..	492	411	419	550	448	464	579
December	..	447	441	548	532	401	474	429
Total	..	6 075	5 904	6 533	6 887	6 041	6 289	3 473
Mean	..	506	492	544	574	503	524	496
Per 1,000 population		9,3	9,0	9,7	9,9	8,2	8,4	7,9

AGE AT DEATH

The number of deaths at various ages, with the percentage of total deaths, is summarized in the following table:—

		Age groups											
		0-1		1-4		5-24		25-64		65 and over		Total	
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Deaths	White	24	7	3	2	11	7	246	157	321	475	605	648
	Coloured	168	128	38	21	58	32	485	313	244	275	993	769
	Bantu	53	50	13	23	20	7	151	47	31	29	268	156
	Asiatic	1	1	2		1	1	11	6	8	3	23	11
	Non-White	222	179	53	44	79	40	647	366	283	307	1 284	936
	All races	246	186	56	46	90	47	893	523	604	782	1 889	1 584
Percentage of Total Deaths	White	4,0	1,1	0,5	0,3	1,8	1,1	40,7	24,2	53,1	73,3	100	100
	Coloured	16,9	16,6	3,8	2,7	5,8	4,2	48,8	40,7	24,6	35,8	100	100
	Bantu	19,8	32,1	4,9	14,7	7,5	4,5	56,3	30,1	11,6	18,6	100	100
	Asiatic	4,3	9,1	8,7		4,3	9,1	47,8	54,5	34,8	27,3	100	100
	Non-White	17,3	19,1	4,1	4,7	6,2	4,3	50,4	39,1	22,0	32,8	100	100
	All races	13,0	11,8	3,0	2,9	4,8	3,0	47,3	33,0	32,0	49,4	100	100

* The deaths shown in the table above, are those recorded in the 7 month period.

NOTE:

The above figures represent percentages and not rates and cannot as a result be used for statistical comparisons between racial groups.

Reference should also be made to the health indicator diagrams after page 9 of this report.

In the non-White group 18,1% of all non-White deaths occurred under the age of one year — the corresponding figure for Whites was 2,5%.

Deaths under 5 years of age constituted 22,4% of all deaths among non-Whites (Coloured 20,1%, Bantu 32,8%, Asiatic 11,8%). The corresponding figure for Whites was 2,9%.

Under 25 years of age, deaths constituted 27,8% of all deaths among non-Whites (Coloured 25,3%, Bantu 39,2%, Asiatic 17,6%). The White figure was 4,3%.

The deaths and death rates per 1,000 population are shown in the accompanying table according to sex:—

Race	Crude		Corrected					
			Deaths		Rate 1971		Rate 1972	
	M.	F.	M.	F.	M.	F.	M.	F.
White	770	775	605 (1037)	648 (1111)	9,9	8,2	9,1	8,9
Coloured	1 276	969	993 (1702)	769 (1318)	9,1	6,4	8,8	6,0
Bantu	315	189	268 (459)	156 (267)	8,5	9,4	7,5	8,8
Asiatic	27	13	23 (39)	11 (19)	6,4	3,0	7,6	4,0
Non-White	1 618	1 171	1284 (2201)	936 (1604)	8,9	6,7	8,5	6,3
All races	2 388	1 946	1889 (3238)	1584 (2715)	9,2	7,2	8,7	7,2

DEATH RATES

The following table shows the variation in the number of deaths and death rates per 1 000 population for the Municipality of Cape Town over a period of five years. Figures for the Bantu Townships have been included.

Race	1968		1969		1970		1971		1972	
	Deaths	Death rate	Deaths	Death rate	Deaths	Death rate	Deaths	Death rate	Deaths	Death rate
White	2 162	10,19	2 218	10,34	2 295	10,57	2 129	9,04	1253(2148)	8,99
Coloured	3 213	9,05	3 348	9,09	3 528	9,23	3 045	7,66	1772(3038)	7,37
Bantu	882	10,91	903	10,69	1 009	11,77	821	8,82	414(710)	7,79
Asiatic	47	5,30	64	7,03	55	5,88	46	4,76	34(58)	5,85
Non-White	4 142	9,31	4 315	9,34	4 592	9,62	3 912	7,82	2220(3806)	7,41
All races	6 309*	9,60	6 533	9,66	6 887	9,92	6 041	8,21	3473(5954)	7,91

* Including those of unknown race.

The rates computed from the 1972 figures are arbitrary but are nevertheless the lowest recorded. The downward trend in recent years has been maintained.

DEATHS IN INSTITUTIONS

The number of deaths occurring in institutions and the percentage of total deaths are shown in the following table:—

Race	Crude		Corrected	
	Deaths in institutions	Percentage of total deaths	Deaths in institutions	Percentage of total deaths
White	991	64	725	58
Coloured	1 278	57	825	47
Bantu	314	62	240	58
Asiatic	19	48	14	41
Non-White	1 611	58	1 079	49
All races	2 602	60	1 804	52

There are 40 recognised general hospitals and private nursing homes in the municipality.

DEATHS BY OCCUPATION

Deaths at certain ages are classified here as to occupation at time of death.

Occupation		Age Groups								Non-residents.	
		15-24		25-44		45-64		65 +			
		Sex	W.	N-W.	W.	N-W.	W.	N-W.	W.	N-W.	W.	N-W.
Agriculture	M.						1			6	3
	F.										
Clerical	M.	1	3	5	3	19	7	2	4	7	3
	F.	1		1		11		2		1	1
Domestic Servant	M.										
	F.		1		10		9		3		5
Fishing and Marine	M.			1	8		5	2		3	5
	F.										
Invalid	M.	1	2	3	15	8	17	4	15	1	6
	F.	1	3	3	4	3	7	6	2		3
Labourer	M.		36		143	5	196		39	1	117
	F.										
Managerial	M.			3		21	1	17		8	
	F.					1				1	
Commercial	M.			1	1	11	4	10	3	5	
	F.			1		1					
Professional	M.			1		5		4		7	
	F.			1		1	1				1
Police & Military	M.									3	
	F.										
Salesmen	M.	1		3		11	1	1	1		3
	F.				1	3					
Scholar	M.	4	4							3	3
	F.	1	1							1	1
Teacher	M.			1		2	4				2
	F.			1		1	1				1
Tradesman	M.	1	2	7	15	23	52	4	16	16	3
	F.		1				1		1		
Transport	M.			2	4	11	16	2	3	4	3
	F.										
Other Workers	M.	2	6	5	29	35	62	14	17	19	14
	F.		1		14	1	8		2		6
Housewives	M.										
	F.		10	17	96	94	170	214	85	71	88
Retired etc.	M.				5	63	58	261	185	65	44
	F.			1	1	16	43	253	214	31	24
TOTAL	M.	10	53	32	223	214	424	321	283	148	206
	F.	3	17	25	126	132	240	475	307	105	130

HOME ACCIDENTS

The following list of deaths in Cape Town from accidents in the home have been compiled from death certificates where mention is made of an accident being either the main or a contributing cause of death:—

Cause	Sex	Age Groups											
		0-4		5-14		15-24		25-49		50-64		65 +	
		W.	N-W.	W.	N-W.	W.	N-W.	W.	N-W.	W.	N-W.	W.	N-W.
Burns	M.		2				1		3				
	F.		1						1				
Falls	M.									1		1	
	F.										1	4	
Suffocation	M.	1	1										
	F.		1										
Poisoning by drugs	M.												
Carbon Monoxide	F.		1										
Poisoning	M.	1				1							
Drowning	F.												
Cuts	M.												
	F.												
Electrocution	M.												
	F.												
Firearms	M.												
	F.												
Lack of care	M.												
	F.												
TOTAL	M.	2	3				2		4	1		1	
	F.		3						1	1		4	

The total of 22 (38) accidental deaths compares with 63 in the previous year.

ACCIDENTAL DEATHS

The table below sets out the causes of accidental deaths over a period of 5 years. These figures represent the minimum of deaths from unnatural causes, as inquest findings do not always establish the cause of death.

	1968	1969	1970	1971	1972
Railway	10	8	12	8	8(14)
Road traffic	197	290	325	274	101(173)
Poisoning	6	6	16	13	5(9)
Falls	29	38	38	23	10(17)
Drowning	21	46	43	26	15(26)
Asphyxia	3	6	5		1(2)
Burns	12	15	26	29	6(10)
Trauma	9	16	21	18	2(3)
Firearms	1	2	1		
Electrocution	3	1	1	1	1(2)
Miscellaneous	18	23	19	8	8(14)
TOTAL	309	451	507	400	157(269)

SUICIDE

Deaths by suicide. Number:--

Year	White		Non-White		Total			Rate per 1,000
	Male	Female	Male	Female	Male	Female	Persons	
1968	12	13	17	6	29	19	48	0,07
1969	15	9	13	2	28	11	39	0,06
1970	15	9	7	6	22	15	37	0,05
1971	13	9	10	1	23	10	33	0,04
1972	5(9)	5(9)	7(12)		12(21)	5(9)	17(30)	0,04

The suicide rate per 1,000 population has declined slightly for the years, 1968-72. During this period twice as many males as females committed suicide, the non-White proportion being much higher than in the case of Whites. Approximately 59 per cent of these events occurred among persons in the prime of life, i.e. age-group 25-44 years.

Death by suicide. Age group

Year	10-14		15-24		25-44		45-64		65 +		Total
	W.	Non-W.	W.	Non-W.	W.	Non-W.	W.	Non-W.	W.	Non-W.	
1968	-	-	1	3	12	14	9	4	3	2	48
1969	-	-	2	3	10	9	11	3	1	-	39
1970	-	-	3	1	8	9	10	3	3	-	37
1971	-	-	2	2	7	5	12	2	1	2	33
1972	-	-	-	1(2)	6(10)	4(7)	2(3)	2(3)	2(3)	-	17 (30)

Death by suicide. Mode.

	1968	1969	1970	1971	1972
Drug Poisoning	16	7	9	9	6(10)
Hanging	9	11	10	7	7(12)
Firearms	8	14	6	6	2(3)
Carbon monoxide poisoning	3	3	4	4	1(2)
Falls	1	1	3	2	-
Railway	4	1	1	4	1(2)
Drowning	-	-	1	-	-
Wounds	2	1	1	1	-
Burns	5	1	2	-	-
Not specified	-	-	-	-	-

INFANT MORTALITY

The deaths of infants under one year of age are shown in the following table.

Race	Crude		Outward Transfers		Corrected Infant Deaths 1972.		
	M.	F.	M.	F.	M.	F.	Total
White	39	26	15	19	24	7	31 (53)
Coloured	238	173	70	45	168	128	296 (507)
Bantu	65	62	12	12	53	50	103 (177)
Asiatic	5	3	4	2	1	1	2 (3)
Non-White	308	238	86	59	222	179	401 (687)
All races	347	264	101	78	246	186	432 (740)

Race	Infant deaths		Rate per 1,000 live births	
			Based on notified births.	
	1971	1972	1971	1972
White	55	31 (53)	12,8	13,0
Coloured	571	296 (507)	40,4	35,8
Bantu	234	103 (177)	69,5	48,1
Asiatic	4	2 (3)	17,9	16,5
Non-White	809	401 (687)	45,6	38,1
All races	864	432 (740)	39,2	33,5

INFANT MORTALITY RATES.

The infant mortality rate is of special significance because it is regarded as one of the most sensitive indexes of health conditions of the general population.

In the conditions prevailing in 1972, with no record of infant deaths for as long a period as 5 months it is problematical whether any reliance can be placed on the computed yearly figures. However, bearing this in mind, the number of infant deaths decreased by 14%. Among Whites the main decrease was due to reduced pneumonia, while among non-Whites sharp falls in the number of deaths from enteritis and prematurity occurred.

The estimated overall infant mortality rate was the lowest ever recorded.

During the year 64% of the White deaths occurred in the first week of life (perinatal period) and 74% in the first month of life (neonatal period).

The percentages among the non-White group were 35% and 42% respectively.

The causes of infant mortality both for children under one year of age and children between one and two years of age are set out in Table K on pages104/105.This Table indicates very clearly the fall in infant mortality over the past thirty years, and in recent years the decline in the number of infant deaths from tuberculosis. Table E and F on pages 98/100shows the deaths of infants classified according to age, cause, months and legitimacy.

The infant mortality rates since 1943 are set out in years and quinquennia from 1942, in , Table L on page 106 .

The number of deaths of infants under one year of age and the infant mortality rates per 1,000 live births (notified) for the past five years are shown in the following table.

Race	1968		1969		1970		1971		1972	
	Deaths under 1 year	Infant mortality rate	Deaths under 1 year	Infant mortality rate	Deaths under 1 year	Infant mortality rate	Deaths under 1 year	Infant mortality rate	Deaths under 1 year	Infant mortality rate
White ..	57	14,9	71	18,0	66	15,8	55	12,8	31(53)	13,0
Coloured ..	743	53,4	744	52,8	703	52,2	571	40,4	296(507)	35,8
Bantu ..	232	77,9	255	85,4	284	90,2	234	69,5	103(177)	48,1
Asiatic ..	8	42,3	2	10,1	2	10,0	4	17,9	2(3)	16,5
Non-White	983	57,6	1 001	58,0	989	58,8	809	45,6	401(687)	38,1
All races	1 044*	49,9	1 072	50,5	1 055	50,3	864	39,2	432(740)	33,5

* Including those of unknown race.

The neo-natal (under 4 weeks) and post neo-natal (over 4 weeks but under one year) mortality rates per 1,000 live births (notified) are shown in the following table classified for certain causes.

Cause of death	Neo-natal mortality rate		Post neo-natal mortality rate		Infant mortality rate	
	White	non-White	White	non-White	White	non-White
Whooping cough ...				0,1		0,1
Tuberculosis (all forms) ...				0,3		0,3
Scarlet fever ...						
Measles ...				0,8		0,8
Diphtheria ...						
Syphilis ...						
Bronchitis and pneumonia		1,3		6,5	0,7	7,9
Gastro enteritis ...		0,3		9,7		10,0
Prematurity ...	2,4	6,1			2,4	6,1
Injury at birth ...	0,5	0,9			0,5	0,9
Congenital malformations ...	1,7	0,9	0,7	1,2	2,4	2,1
Other diseases of early infancy	4,6	4,6		1,7	4,6	6,3
Other and ill-defined or unknown causes ...	0,5	1,7	1,7	2,0	2,2	3,7
Total ...	9,5	15,9	2,4	22,3	13,0	38,1

The trend in infant mortality since 1963 is as follows:—

White Group

Cause of death	1963	1964	1965	1966	1967	1968*	1969*	1970*	1971*	1972*
Whooping cough ...										
Tuberculosis ...										
Measles ...	0,3	0,3								
Diphtheria ...										
Syphilis ...					0,3		0,3			
Bronchitis and pneumonia	1,7	1,4	1,5	0,5	0,8	1,3	1,5	1,2	1,9	0,7
Gastro enteritis ...	1,1	1,1	1,2	1,9	0,8	0,5	0,8	1,2	0,7	
Prematurity ...	6,9	3,2	3,2	3,2	2,1	2,4	4,6	1,9	3,0	2,4
Injury at birth ...	2,5	1,6	1,2	1,3	0,5	1,3	1,0	1,2	0,5	0,5
Congenital malformations	2,5	5,4	4,9	3,5	3,7	3,7	3,3	3,4	2,3	2,4
Other diseases of early infancy	4,7	4,6	5,2	3,5	4,5	4,4	4,8	3,8	3,3	4,6
Other causes ...	3,6	1,4	2,3	2,7	2,1	1,3	1,3	3,1	1,2	2,2
All causes ...	23	19	19	17	15	15	18	16	13	13

Non-White group

	1963	1964	1965	1966	1967	1968*	1969*	1970*	1971*	1972*
Whooping cough	0,3	0,3	0,2	0,1	0,1	0,2		0,1	0,1	0,1
Tuberculosis	0,6	0,4	0,6	0,3	0,9	0,3	0,5	0,2	0,3	0,3
Measles	2,1	0,8	1,7	1,3	1,3	0,9	1,3	1,2	1,2	0,2
Diphtheria	0,1			0,1			0,1			
Syphilis	0,4	0,4	0,2	0,1	0,4	0,5	0,4	0,3	0,2	
Bronchitis and pneumonia	13,0	11,0	10,6	11,9	12,5	9,3	9,3	8,5	7,3	7,9
Gastro enteritis	25,2	20,6	22,0	20,6	20,4	14,1	16,2	19,9	13,9	10,0
Prematurity	15,9	14,4	11,8	11,2	11,3	8,7	6,8	6,4	9,2	6,1
Injury at birth	5,2	4,2	3,1	2,9	3,3	2,8	3,0	2,9	1,2	0,9
Congenital malformations	3,2	5,6	3,9	4,1	4,8	3,6	3,5	3,6	2,0	2,1
Other diseases of early infancy	8,7	8,6	13,4	14,7	13,3	10,0	11,7	9,9	6,9	6,3
Other causes	11,4	13,5	10,9	10,4	11,1	7,3	4,2	5,8	3,3	3,7
All causes	85	78	78	78	79	53	58	59	46	38

* Rates based on notified births.

The reduction in the White mortality rate for bronchitis and pneumonia and the reduction in the non-White rate for gastro enteritis and prematurity is encouraging.

PRINCIPAL CAUSES OF INFANT MORTALITY 1972

Whites				
	Code	Cause	Deaths	
1	772-3	Nutritional Maladjustment	8	
2	774-6	Prematurity	6	
3	750-9	Congenital malformations	6	
4	795	Other miscellaneous causes	4	
5	490-3, 763 500-2	Bronchitis & pneumonia	2	
6	765-9	Other Diseases of newborn	2	
7	760-1	Birth Injury	1	
8	340	Meningitis	1	
9	762	Post natal asphyxia	1	
		All Causes	31	
			0	100 200 300

Non-Whites				
	Code	Cause	Deaths	
1	571,764	Gastro Enteritis	105	
2	490-3, 763 500-2	Bronchitis & Pneumonia	83	
3	774-6	Prematurity	64	
4	772-3	Nutritional maladjustment	43	
5	750-9	Congenital Malformations	22	
6	795	Ill Defined & Others	18	
7	340	Meningitis	15	
8	762	Post Natal Asphyxia	10	
9	760-1	Birth Injury	10	
10	765-9	Other Diseases of Early Infancy	10	
11	085-6	Measles	8	
12	279-289	Avitaminosis	5	
13	770-1	Haemolytic & Haemorrhagic	3	
14	001-019	Tuberculosis	3	
15	053	Septicaemia	1	
16	056	Whooping Cough	1	
		All causes	401	
			0	100 200 300

Coloured

	Code	Cause	Deaths		
1	571,764	Gastro Enteritis	72		
2	490-3,763 500-2	Bronchitis & Pneumonia	63		
3	774-6	Prematurity	46		
4	772-3	Nutritional maladjustment	33		
5	750-9	Congenital Malformations	17		
6	795	Ill Defined & Others	14		
7	340	Meningitis	12		
8	760-1	Birth Injury	9		
9	762	Post Natal Asphyxia	8		
10	765-9	Other Diseases of early infancy	8		
11	085-6	Measles	5		
12	770-1	Haemolytic & Haemorrhagic	3		
13	279-289	Avitaminosis	3		
14	001-019	Tuberculosis	1		
15	053	Septicaemia	1		
16	056	Whooping Cough	1		
		All Causes	296		

0100200

Bantu

	Code	Cause	Deaths		
1	571,764	Gastro Enteritis	33		
2	490-3,763 500-2	Bronchitis & Pneumonia	20		
3	774-6	Prematurity	17		
4	772-3	Nutritional Maladjustment	10		
5	795	Ill Defined & Others	4		
6	750-9	Congenital Malformations	4		
7	340	Meningitis	3		
8	085-6	Measles	3		
9	765-9	Other Diseases of early Infancy	2		
10	279-289	Avitaminosis	2		
11	762	Post Natal Asphyxia	2		
12	001-019	Tuberculosis	2		
13	760-1	Birth Injury	1		
		All Causes	103		

0100200

The following table shows the corrected number of peri-natal (stillbirths and deaths in the first week of life), neo-natal and post neo-natal deaths for the various races and the corresponding rates per 1 000 live births. The peri-natal rate is based on live and stillbirths combined.

PERI NATAL PERIOD				
	Deaths		Rate per 1 000 deliveries based on births and still births.	
	1971	1972	1971	1972
White	65	(67)	15	16
Coloured	464	(420)	32	29
Bantu	140	(163)	41	43
Asiatic	7	(6)	31	32
Non-White	611	(589)	34	32
All races	676	(656)	30	29
NEO NATAL PERIOD				
	Deaths		Rate per 1 000 live births	
	1971	1972	1971	1972
White	35	(39)	8	10
Coloured	262	(228)	19	16
Bantu	65	(55)	19	15
Asiatic	4	(3)	18	16
Non-White	331	(286)	19	16
All races	366	(325)	17	15
POST NEO NATAL PERIOD				
	Deaths		Rate per 1 000 live births	
	1971	1972	1971	1972
White	20	(14)	5	3
Coloured	309	(279)	22	20
Bantu	169	(122)	50	33
Asiatic	—	—	—	—
Non-White	478	(401)	27	22
All races	498	(415)	23	19

Compared with the previous year there was a decrease of 11% in the neo-natal deaths and a decrease of 17% in the post neo-natal deaths.

The slow but steady decline of the peri natal mortality rate of the non-White group over a five year period is most heartening and would indicate that health and social services in this group are beginning to bud.

The next table shows the variation in the peri-natal, neo-natal and post neo-natal rates over a period of five years:—

Year	White			Non-White		
	Peri-natal.	Neo-natal	Post neo-natal	Peri-natal	Neo-natal	Post neo-natal
1968	18	10	5	39	24	33
1969	20	14	4	38	22	36
1970	15	10	6	37	21	38
1971	15	8	5	34	19	27
1972	16	10	3	32	16	22
Average 1968–1972	17	10	5	36	20	31

SEASONAL VARIATION

The seasonal variation in infant mortality is shown in the following table and in Table E on page 98 where the infant deaths for the year 1972 are classified for certain causes.

	1967	1968	1969	1970	1971	Mean 5 years.	1972
January	110	106	90	111	87	101	61
February	111	88	104	116	108	105	—
March	88	98	104	70	75	87	—
April	99	102	79	111	89	96	—
May	93	92	77	75	66	81	—
June	88	104	89	67	79	85	—
July	86	70	109	91	66	84	64
August	88	77	97	80	67	82	71
September	78	74	76	74	57	72	52
October	72	60	85	71	54	68	50
November	100	58	64	87	70	76	84
December	103	87	98	102	46	87	50
TOTAL	1 116	1 016	1 072	1 055	864	1 025	432
Mean	93,0	84,7	89,3	87,9	72,0	85,4	61,7
Per 1 000 live births	63,0	48,6*	50,5*	50,3*	39,2*	48,4*	33,5*

* Based on notified Births.

The infant mortality in respect of legitimate and illegitimate infants amongst the various races is shown in the following table.

Race	Rate per 1 000 live births, based on Notifications			
	Legitimate		Illegitimate	
	1971	1972	1971	1972
White	10,6	11,0	9,3	18,6
Coloured	26,4	26,3	44,9	43,9
Bantu	34,1	33,0	49,3	41,4
Asiatic	18,5	16,8	—	—
Non-White	27,4	27,2	45,9	43,2
All races	23,2	23,2	44,0	41,9

The deaths of 56 infants under one year of age are excluded from above figures as information regarding legitimacy was unobtainable.

MATERNAL MORTALITY

The following table shows the corrected number of deaths from causes ascribed to pregnancy and childbirth including abortion, and the corresponding rate per 1 000 total deliveries (live and still births).

Int. Code No.	Cause of death	Deaths			Maternal mortality rates
		White	Non-W.	All races	All races
681 640,641 651,682 684	Puerperal fever Other puerperal septicaemia (including abortion with sepsis)	—	1	1(2)	0,00
		—	—	—	—
642,652 685-686 643-644 670-672 650	Toxaemia of pregnancy and the puerperium Haemorrhage of pregnancy and childbirth Abortion without mention of sepsis or toxaemia	—	1	1(2)	0,00
645-649,660 673-680 683 687-689	Other complications of pregnancy, childbirth and the puerperium	—	1	1(2)	0,00
		—	—	—	—
	All causes (except puerperal septicaemia)	—	2	2(3)	0,00
	Total	—	3	3(5)	0,01

Three fatalities (all Coloured) occurred during the 7 month period, a welcome reduction from the previous year. A magisterial inquest was held in one case following abortion, and one death followed Caesarian section.

The maternal mortality rates per 1 000 deliveries in 1972 and previous years were as follows:—

	Puerperal septicaemia			Other causes			All causes		
	W.	Non-W.	All races	W.	Non-W.	All races	W.	Non-W.	All races
1968	—	0,23	0,19	—	0,40	0,33	—	0,63	0,52
1969	—	0,11	0,09	0,25	0,34	0,32	0,25	0,45	0,42
1970	—	0,29	0,23	0,24	0,47	0,42	0,24	0,76	0,66
1971	—	0,17	0,13	—	0,50	0,42	—	0,66	0,54
1972	—	0,00	0,00	—	0,01	0,00	—	0,01	0,01

SECTION III – MATERNAL AND CHILD WELFARE

DR. K.B. SUNDGREN
MATERNAL AND CHILD WELFARE OFFICER

This Branch is, in the main, responsible for health education and for preventive work amongst expectant mothers and pre-school children. The main activities of the Branch are set out in the following pages and in the carrying out of these duties the staff of 50 health visitors and 27 clinic sisters and nurses are guided and controlled by six full-time and 40 part-time medical officers.

Clinic sessions are held at 36 municipal and other centres in the city and suburbs. These centres are sited as near as possible to the homes of the population groups which they have been designed to serve. 29 clinics now operate in specially constructed municipal buildings and 7 in halls hired for the purpose.

At these centres infant and child welfare, school clinics, ante-natal, post-natal and immunising sessions are held. The table on page 29 indicates the attendances at the various sessions at the centres during the year.

The intensive programme of immunisation against poliomyelitis, diphtheria, whooping cough and tetanus has been continued throughout the year. Smallpox vaccination of infants is now also carried out at the immunising sessions; nurses are being trained and 8 have been registered as lay vaccinators.

The immunisation of newborns by the use of B.C.G. vaccine has also been continued; those born in maternity institutions are vaccinated there by the Paediatric staff members of those hospitals, while those born at home are vaccinated at special sessions conducted by the Branch's staff at the various child welfare centres. Per-cutaneous B.C.G. is administered by a 20 needle Heaf gun. 24 374 newborns were vaccinated by this method against tuberculosis during the year.

CHILD WELFARE SESSIONS

During the year an average of 72 child welfare sessions were held weekly and 3 fortnightly.

At these sessions 363 147 attendances were recorded of which 19 948 were new cases. 2 417 White and 17 011 non-White were under one year of age at their first attendance and 49 White and 471 non-White were over one year of age.

These figures show an increase of 5 808 attendances over the previous year and the number of new cases rose by 351.

First attendances of children under one year of age were less than the number of notified births. Of these, White attendances amounted to 59,1% and non-White attendances to 94,4% of the births notified to the department.

It is gratifying to see this all-time attendance record despite the not inconsiderable numbers attending the expanding Provincial Day Hospital services.

The attendances at the child welfare sessions over a period of years are shown in the following table.

Centre	1968	1969	1970	1971	1972
Camps Bay	784	939	657	597	676
Sea Point			454	1 278	1 250
Green Point	1 504	1 449	1 427	1 403	1 174
Kloof Street	2 804	2 417	2 661	2 656	2 672
Shortmarket Street	7 023	5 727	4 753	4 500	4 589
Aspeling Street	13 999	13 362	13 265	12 649	12 804
Bloemhof	8 973	8 105	7 606	6 346	4 924
Devil's Peak	1 866	1 674	1 229	1 524	1 455
Salt River	11 093	12 639	9 858	8 949	10 137
Brooklyn	3 159	2 770	2 317	1 857	1 962
Maitland	3 446	3 786	3 190	2 784	3 257
Kensington	20 303	19 101	16 196	17 927	16 030
Factreton	8 676	9 224	8 413	8 145	6 974
Thornton				510	594
Langa	2 812	2 946	2 800	2 944	3 387
Guguletu I	13 663	9 543	8 758	10 387	12 218
Guguletu II	3 813	7 173	7 463	7 941	8 006
Athlone	17 305	15 388	14 603	15 150	16 194
Bokmakierie	11 442	12 903	8 963	10 332	11 234
Silvertown	18 142	17 504	16 087	15 519	16 893
Bonteheuwel	37 262	33 042	28 984	28 467	27 586
Netreg	7 102	19 477	15 083	16 776	12 606
Heideveld	24 845	25 164	22 628	20 954	19 477
Manenberg	6 660	34 357	45 480	56 694	47 544
Hanover Park			856	25 201	43 453
Kalksteefontein	5 441				
Claremont (Station Road)	8 417	8 469	7 685	5 827	5 358
Claremont (Wesley Street)	6 936	5 583	5 372	4 728	4 022
Lansdowne	14 241	13 167	13 963	12 272	13 750
Sherwood Park	3 582				
Wynberg	7 275	6 814	6 076	6 600	6 401
Ottery				461	323
Southfield	3 133	450	676	867	1 043
Parkwood	1 695	4 242	9 039	12 719	12 081
Heathfield	7 211	6 348	5 566	4 570	4 129
11th Avenue Retreat	40 035	39 695	29 068	23 412	25 066
Muizenberg (John Power)	5 850	5 763	5 346	3 796	3 458
Kalk Bay	844	784	690	597	420
TOTALS	331 344	350 005	327 212	357 339	363 147

CHILD WELFARE BRANCH - 1972.

Centre	Race	Infant Consultations				Pre-Natal Clinics			School Clinics			Dinners	
		Ses-sions	1st Attendances		Total Attend-ances	Ses-sions	Attendances		Ses-sions	Attendances		Attendances	
			Under 1 year	Over 1 year			1st	Total		1st	Total	Adults	Children
Camps Bay	White	23	73	3	676								
Sea Point	White	28	159		1 250								
Green Point	White	47	127	1	1 174								
Kloof Street	White	51	238	7	2 672								
Shortmarket Street	Non-White	100	353	2	4 589				19	87	358		
Aspeling Street	Non-White	149	772	5	12 804	50	740	1 617	41	538	2 323	592	4 835
Bloemhof	Non-White	101	255		4 924								
Devil's Peak	White	47	133	1	1 455								
Salt River	White		298	4	2 242		7	11		184	730		
	Non-White		448	3	7 895		206	441		1 102	4 643		
	All Races	149	746	7	10 137	24	213	452	188	1 286	5 373		
Brooklyn	White	50	206	1	1 962								
Maitland	White		120	2	1 033			3					
	Non-White		190	6	2 224		112	331		256	1 365		
	All Races	97	310	8	3 257	24	112	334	16	256	1 365		
Kensington	Non-White	151	749	29	16 030	51	711	1 608	21	666	2 437	54	6 448
Factreton	Non-White	47	428	3	6 974								
Thornton	White	24	66		594								
Langa	Bantu	47	489	18	3 387	51	582	1 949					
Sect. 1 Guguletu Sect. 11	Bantu	100	1 959	91	12 218	100	1 835	6 266					
	Bantu	97	922	55	8 006	51	858	3 179					
Athlone	Non-White	152	831		16 194	51	591	2 540	22	342	922		
Bokmakierie	Non-White	149	457		11 234	48	408	1 537	96	791	3 357	40	10 239
Silvertown	Non-White	147	1 040	11	16 893	48	749	3 253					
Bonteheuwel	Non-White	199	978	7	27 586	102	1 225	4 891	39	330	1 233		
Netreg	Non-White	152	371	6	12 606								
Heideveld	Non-White	134	696	14	19 477	50	639	1 925					
Manenberg	Non-White	249	1 335	18	47 544	49	1 150	1 801	20	206	407	2 801	17 772
Hanover Park	Non-White	236	966	141	43 453	50	918	3 709				1 790	16 047
Claremont (Station Road)	White		391	16	3 700		2	3					
	Non-White		148	3	1 658		476	1 598		71	319		
	All Races	149	539	19	5 358	50	478	1 601	18	71	319		
Claremont (Wesley Street)	Non-White	100	124	2	4 022							942	4 999
Lansdowne	White		119		1 323								
	Non-White		763		12 427		503	2 305					
	All Races	200	882		13 750	50	503	2 305					
Wynberg	White		176	10	1 441		5	31					
	Non-White		330	4	4 960		343	1 668		87	451		
	All Races	101	506	14	6 401	51	348	1 699	17	87	451		
Ottery	White	24	29		323								
Southfield	White	27	151	4	1 043								
Parkwood	Non-White	102	522	1	12 081	50	489	1 759					
Heathfield	White		131		876								
	Non-White		221		3 253								
	All Races	78	352		4 129								
Retreat	Non-White	198	1 494	43	25 066	97	1 516	5 483	41	345	2 779	968	6 393
Muizenberg (John Power)	Non-White	49	150	9	3 458								
Kalk Bay	Non-White	24	20		420	22	22	75					
TOTAL	White		2 417	49	21 764		14	48		184	730		
	Non-White		17 011	471	341 383		14 073	47 935		4 821	20 594	7 187	66 733
	All Races	3 778	19 428	520	363 147	1 069	14 087	47 983	537	5 005	21 324	7 187	66 733

SOUTH AFRICAN MOTHERCRAFT TRAINING CENTRE
(Lady Buxton Home)

The following table shows the number of infants who attended the consultations of the South African Mothercraft Training Centre during the year.

Voluntary Centre	No. of sessions in the year	No. of new cases (Infants)	Total attendances (Infants)
Bowwood Road, Claremont ..	364	1 015	7 630
Meadowridge	22	42	585

ADVISORY WORK AT CHILD WELFARE SESSIONS

At the sessions mothers are advised on correct feeding and hygiene of infants and pre-school children.

Breast feeding is encouraged and sessions are held by the health visitors at which instructional test feeds are performed.

Dried milk for infants who cannot be entirely breast fed, and supplementary milk for children at risk or with protein malnutrition is supplied at the centres under the direction of the medical officers, at cost or below cost, to those mothers unable to afford the full retail price. In cases of poverty the milk may be supplied free. Vitamin oil and such medicines as may be ordered are supplied on similar terms.

During the year 1 519 cases were supplied with dried milk powder and a total of 76 195 kg. (167 629 lbs) and Government Skim milk 63 515 kg. (139 733 lbs) was issued.

All full cream milk is fortified with vitamin D and iron supplement.

The pilot scheme started in 1961 for the distribution of powdered skim milk to necessitous toddler groups and subsidised by the State Health Service was continued on a permanent basis, with a State Department subsidy of 13c per kg.

This milk is distributed to indigent pre-school toddlers showing signs of malnutrition in an effort to prevent the development of kwashiorkor. 2 500 children were supplied with this milk each week. During the year a total quantity of 63 515 kg. (139 733 lbs) of milk powder was issued.

The scheme has resulted in a much larger toddler attendance at municipal child welfare clinics and an improvement in the general standard of nutrition among this group.

MEDICAL EXAMINATION

All infants attending welfare centres are medically examined at their first visit, and periodically thereafter. Children requiring special treatment are referred to hospital, but owing to the lack of facilities in certain areas, many of the clinics tend to be a regular paediatric out-patients service, and it is estimated that 50 – 80% of cases seen by the medical officer at a clinic need curative therapy. Day hospitals will in due course alter this tendency but at present the effect is small as far as child welfare clinics are concerned.

SUPPLEMENTARY FEEDING

At 8 centres supplementary meals were served throughout the year from Monday to Friday to indigent expectant and nursing mothers and pre-school children.

These meals consist of soup, cheese, fruit and enriched bread spread with a mixture of margarine, peanut butter, food yeast and golden syrup. Skimmed milk was supplied at 5 of these centres,

HEALTH VISITING IN THE HOME

Home visiting is the most important aspect of the work of the health visitor, since it aims at teaching the mother the care of her child in relation to the home. Visits are made soon after an infant's birth and thereafter as frequently as the health visitor's time permits but not less frequently than every three months during the first year.

The health visitors undertake home visiting for children under school age, visiting of expectant mothers, and in addition the visiting required for ophthalmia neonatorum, puerperal fever, whooping cough and other infectious ailments of childhood. Each health visitor assists at sessions held at the centre which lies in her district.

The full complement of health visiting staff on 31st December, 1972 was as follows:—

	White	Coloured	Bantu	Total
Chief Health Visitor	1	—	—	1
Health Visitors	19	32	5	56
Clinic Sisters	21	23	3	47
Learner Public Health Nurses	6	10	2	18
Clinic Assistants	7	20	3	30
Social Welfare Worker	1	—	—	1

Special duties are performed by 19 of the health visitors and clinic sisters:

Diphtheria, poliomyelitis and B.C.G. vaccination	7
School clinics and visiting	2
Supervision of midwifery	1
Family Planning	9



Guguletu Creche

Obviously happy children at play during a morning session.

The following table shows the number of visits made during 1972 and the previous year by health visitors and the social welfare worker. Visits made by the health visitors of the tuberculosis and venereal diseases branches are included here for convenience.

Visits in connection with:—

	1971	1972
Births	19 918	19 102
Subsequent revisits	88 962	118 432
Child deaths	942	560 *
Expectant mothers	878	1 021*
Midwives	2 512	2 656
Orthopaedic	312	13
Schools	186	387
Protected infants	602	593
Social Welfare	5 497	5 320
Infectious diseases	2 431	2 850
Other visits	20 561	25 624
	<u>142 801</u>	<u>176 558</u>
Tuberculosis	38 338	36 848
Venereal disease	1 381	1 207
	<u>182 520</u>	<u>214 613</u>

* Information concerning deaths was unobtainable for the period February to June, with a consequent reduction of visits.

PRE-NATAL CLINICS

Pre-natal sessions are conducted at all the larger centres and the work is carried out in close co-operation with the public maternity hospitals which fall either under the Provincial Administration or charitable organisations.

In view of the inadequate number of maternity beds in Cape Town, the Provincial Administration's maternity hospitals limit admissions as far as possible to primiparae, abnormal confinements, women who have had 8 or more pregnancies, and those where bad socio-economic conditions preclude confinement at home. Women attending the ante-natal clinics are referred to one or other local maternity institutions where hospital confinement is considered advisable for any of the above reasons.

The ante-natal clinics of the Provincial Hospitals function as follows: The Peninsula Maternity Services functioning at Groote Schuur Hospital out-patient department undertake the bookings for Groote Schuur hospital, Mowbray Maternity hospital and the Peninsula Maternity hospital. They see women referred from the southern zone of the City Council area, while Somerset hospital and St. Monica's home see patients from the Northern Zone. Women booked for hospital delivery must attend hospital for their ante-natal care.

6 213 cases were attended by private midwives in their own homes, and most of these women attended the welfare centres for ante-natal care.

During the year, an average of 21 pre-natal sessions were held weekly and 3 fortnightly at which there were 14 087 new cases. The total attendances numbered 47 983 details of which are shown below.

The number of new cases attending the municipal pre-natal sessions amounted to 64% of the number of notified live births (0,3% White and 78,1% non-White).

Midwives working within the municipal area are supervised by the department's supervisor of midwives and are encouraged to attend the pre-natal centre with their patients to see the doctor.

Routine serological tests for syphilis are carried out on all women attending pre-natal sessions and specific treatment is provided for those requiring it. 12 466 blood specimens were taken during the year (34 Whites and 12 432 non-White). Of these 1 275 gave positive or doubtful reactions.

Routine tests are done by the Provincial Blood Transfusion laboratory on all women attending ante-natal sessions to ascertain their blood-grouping. Those who proved to be Rhesus negative are further investigated and referred to hospital if necessary.

Routine testing for haemoglobin levels of all women attending ante-natal sessions is done by the provincial blood transfusion laboratory. Special arrangements have been made, in co-operation with Groote Schuur Hospital to deal with severe cases of anaemia found in pregnant women.

The attendances at the pre-natal clinics in the welfare centres over a period of years are shown in the following table:—

Centre	1968	1969	1970	1971	1972
Shortmarket Street ...	479	347			
Aspeling Street ...	1 429	1 334	1 762	1 732	1 617
Salt River ...	407	475	479	408	452
Maitland ...	363	345	141	140	334
Kensington ...	2 161	2 088	1 737	1 537	1 608
Langa ...	1 758	1 570	1 875	1 859	1 949
Guguletu 1 ...	6 596	5 207	4 939	4 949	6 266
Guguletu 111 ...	1 343	2 388	2 465	3 062	3 179
Athlone ...	3 328	3 339	3 196	2 898	2 540
Bokmakierie ...	2 262	2 299	1 288	1 543	1 537
Silvertown ...	1 922	2 303	2 156	2 659	3 253
Bonteheuwel ...	5 525	4 776	4 933	5 258	4 891
Heideveld ...	4 142	2 671	1 492	1 974	1 925
Manenberg ...	700	2 913	2 601	2 399	1 801
Hanover Park ...			169	2 085	3 709
Claremont (Station Road)	1 690	1 853	1 724	1 685	1 601
Lansdowne ...	1 891	2 195	2 267	2 198	2 305
Wynberg ...	1 623	1 448	1 092	1 247	1 699
Parkwood ...			778	1 795	1 759
11th Avenue, Retreat ...	4 423	5 794	6 349	5 362	5 483
Kalk Bay ...	102	100	94	66	75
Totals ...	42 144	43 445	41 537	44 856	47 983

POST-NATAL AND FAMILY PLANNING CLINICS

Weekly post-natal sessions are held at 18 of the Child Welfare Centres in conjunction with family planning.

Instruction in family limitation and spacing is given at these sessions where this is deemed advisable for socia-medical or other reasons.

At these sessions each woman receives a routine post-natal examination and any abnormalities found are treated or, if necessary, referred to the gynaecological department of one of the local hospitals.

Routine cytological examination on all women attending these clinics with a view to detecting early malignancy in the female genital tract was commenced in February, 1960. Where atypical cells are discovered the women are referred to a special gynaecology clinic at Groote Schuur Hospital.

Number of cytological examinations	13 745
Number showing cells needing further investigation and referred to Gynaecology Department, Groote Schoor Hospital	43

Reports received from Groote Schuur Hospital reveal that early cancer (Ca-in-situ) was detected in 8 cases, and invasive cancer in 1 case. In a number of the remainder investigations are still proceeding.

ATTENDANCES FOR THE YEAR

	INDIVIDUALS	1ST ATTENDANCES	TOTAL ATTENDANCES
White	1 528	587	4 109
Coloured	20 385	8 580	72 082
Asiatic	103	44	130
Bantu	4 825	2 858	13 488
	26 841	12 069	89 809
1971	20 000 (Estimated)	10 806	83 349
1970	16 855	9 597	79 696
1969	18 371	9 676	80 641
1968	16 902	8 289	69 934

CONTRACEPTION ANALYSIS

	PILLS	DEPO PROVERA INJECTIONS	INTRO UTERINE DEVICES	OTHERS
White	76%	13%	7%	4%
Coloured	66%	28%	3%	3%
Asiatic	62%	23%	12%	3%
Bantu	45%	50%	4%	1%

DROP OUT RATES

White	9%
Coloured	11%
Bantu	22%

The individual attendances at the family planning centres over the year are shown in the following table:—

Centre	1972
Shortmarket Street	768
Aspeling Street	1 382
Salt River	1 892
Maitland	520
Kensington	1 442
Langa	538
Guguletu 1	2 934
Bokmakierie	1 720
Silvertown	1 822
Bonteheuwel	2 057
Heideveld	1 162
Manenberg	1 867
Hanover Park	1 193
Claremont (Station Road)	737
Lansdowne	1 438
Wynberg	2 215
Parkwood	648
11th Avenue, Retreat	2 506
Totals	26 841

NOTIFICATION OF BIRTHS

The regulations regarding Early Notification of Births (made by the Minister of Health in 1920) require notification of all births in the municipality to the Medical Officer of Health within twenty-four hours of their occurrence. This information is invaluable to the department for the follow up of all new births.

In addition births must also under the relevant section of the Births, Marriages and Deaths Registration Act, as amended, be registered with the Registrar of Births and Deaths at any time within seven days of occurrence by the father of the child or, failing him, some other responsible person present at the time of birth.

During the year, 25 866 births and 426 stillbirths were notified (including births to mothers who were not Cape Town residents) as follows:

Notified by midwives and nurses (other than extern or intern institutional cases).....	7 548
Notified by doctors	17
Notified by institutions (extern or intern)	18 744

There were 579 births notified in Langa Bantu Township and 2 963 in Guguletu Bantu Township.

The births and still births notified as having taken place in the municipality during the year are further classified hereunder:

Attended	Births	Percentage
(a) In private houses:		
By private doctors	17	0,1
By private midwives		
Certificated	5 981	22,7
Uncertificated	240	0,9
By institutional midwives or student midwives	1 309	5,0
No doctor or midwife	1	0,0
	7 548	28,7
(b) In institutions:		
Public institutions	4 251	16,2
Private Nursing homes	14 493	55,1
	18 744	71,3

3 761 of these births were to non-residents of Cape Town.

Public domiciliary midwifery is carried out from the Peninsula Maternity Hospital, Somerset Hospital and St. Monica's Home, all institutions which are recognised as training schools for midwives and by the Provincial Administrations Hospitals district midwives.

PUERPERAL FEVER

Reported cases of this notifiable disease are investigated by the Maternal and Child Welfare Branch and are admitted to the City Infectious Diseases Hospital where necessary.

3 cases (1 White and 2 non-White) were admitted to hospital and discharged after treatment.

A further non-White patient from outside the municipal area died in hospital.

OPHTHALMIA

For the purpose of notification, ophthalmia neonatorum is defined as a purulent inflammation of the eyes of an infant occurring within twenty-one days of birth, whether it be due to infection with the gonococcus or not.

Cases of inflammation of the eyes beginning after the twenty-first day of life are not regarded as ophthalmia neonatorum, but if due to gonococcal infection are notifiable as gonorrhoeal ophthalmia.

30 cases (1 White and 29 non-White) of ophthalmia neonatorum were notified. With the exception of those cases where contact was lost through transfer of domicile, all cases were known to have recovered.

DIPHTHERIA, WHOOPING COUGH AND TETANUS IMMUNISATION

Two immunising teams, each consisting of a medical officer, health visitor and an assistant conducted 10 immunising sessions per week throughout the year at clinics, institutions and schools. A post-card is sent to all parents whose infants have reached the age of 3½ months indicating the seriousness of diphtheria and advising immunisation by a private doctor or by the staff of the nearest clinic.

At the Department's sessions the triple antigen of diphtheria, whooping cough and tetanus toxoid is used. A booster injection against the selfsame diseases is given one year after the initial course to all infants and further injections against diphtheria and tetanus to school entrants.

The work done at the municipal sessions during the year is shown by the following figures:—

Number of sessions:	
At schools	115
At institutions	71
At child welfare centres	767
	<u>953</u>

Attendances at these sessions are shown in the following table. The shortfall in first attendances of Whites compared with the number of births during the year is regrettable, but many immunisations in this group are carried out by private medical practitioners and there is no official record. In the non-White group, first attendances were 93 per cent of the births notified direct to the department.

AGE GROUP												
	0 – 1			1 – 6				School age				
	1st	2nd	3rd	1st	2nd	3rd	Booster	1st	2nd	3rd	Booster	Total
White	3 520	3 380	3 248	211	228	288	2 505	30	16	6	2 518	15 950
Non-W.	16 746	14 920	13 539	2 302	2 810	3 018	11 901	247	110	53	18 487	84 133
Total	20 266	18 300	16 787	2 513	3 038	3 296	14 406	277	126	59	21 005	100 083

Race	Material Used					
	Diph.	D/WC/T.	D/TET.	A.D.F.	Smallpox	TET.
White	195	12 118	3 637		3 078	
Non-White	278	52 793	29 208		16 695	5
Total	473	64 911	32 845		19 773	5

POLIOMYELITIS IMMUNISATION

Immunisation against poliomyelitis is compulsory throughout the Republic. Since the mass oral live attenuated (Sabin) polio immunisation campaign held in 1961, the distribution of polio vaccine has been continued for all new babies from the age of 3 to 4 months and immigrants and children who have not previously been done. Free immunisation is available at special sessions held weekly in two centres and at all sessions where diphtheria, whooping cough and tetanus immunisation is performed.

The number of municipal immunisation sessions held during the year is shown by the following figures:—

At schools	119
At institutions	68
At child welfare centres	826
	1 013

	0 – 1 year		1 – 4 years		Other ages		Total	
	White	Non-W.	White	Non-W.	White	Non-W.	White	Non-W.
First dose	3 949	17 392	133	1 700	1 092	5 535	5 174	24 627
Second dose	3 846	16 013	135	1 353	239	273	4 220	17 639
Completed course (three doses)	3 770	14 966	157	1 372	231	212	4 158	16 550
Booster after 3 doses	3 508	12 655	736	4 300	2 502	14 212	6 746	31 167

B.C.G. VACCINATION

B.C.G. vaccination of newborn infants has continued. The material used is freeze dried B.C.G. supplied by the State Health Service. Infants born in the Provincial Hospitals and in St. Monica's home are immunised by the medical staff of those institutions. In the case of infants born on the district, the health visitor at her first visit invites the mother to bring her baby to the local welfare centre where vaccination is done as soon after birth as possible.

Number of B.C.G. vaccinations:—

	White	Non-White	Total
Groote Schuur Hospital		2 138	2 138
Mowbray Maternity Hospital	2 659		2 659
Peninsula Maternity Hospital		2 472	2 472
Somerset Hospital		1 357	1 357
St. Monica's Home		1 368	1 368
Municipal child welfare centres	2 313	12 013	14 326
Schools and pre-school children	21	33	54
	4 993	19 381	24 374

SMALLPOX VACCINATION

This is now carried out at Child Welfare Clinics. During the year under review 19 773 (3 078 White and 16 695 non-White) persons were vaccinated.

BIRTHS TO TEENAGE MOTHERS FOR THE YEAR 1972

AGE OF MOTHER

	13 years		14 years		15 years		16 years		17 years		18 years		19 years		Total	
Race	LEG	ILLEG	LEG	ILLEG	LEG	ILLEG	LEG	ILLEG	LEG	ILLEG	LEG	ILLEG	LEG	ILLEG	LEG	ILLEG
White		1		7	3	7	11	28	53	35	111	45	157	43	335	166
Coloured		12		24	6	..70	26	177	100	363	213	545	361	574	706	1 765
Bantu		2		15	3	34	4	74	13	129	34	179	33	169	87	602
Asiatic								1	1	1	4		4		9	2
All Races		15		46	12	111	41	280	167	528	362	769	555	786	1 137	2 535

LEG: Legitimate.
ILLEG: Illegitimate.

Of the total number of births to teenage mothers 69 per cent were recorded as illegitimate.

SUPERVISION OF MIDWIVES

The supervision of all persons, other than medical practitioners, practising midwifery in the municipal area is undertaken by this Branch in accordance with the regulations made under Section 18 (b) of the Public Health (Amendment) Act. No. 15 of 1928.

The various groups of midwives practising in the municipal area consist of the following:—

- (1) 54 private midwives of whom 51 are trained. The 3 untrained midwives have been registered by the S.A. Nursing Council. No further untrained midwives will be permitted to start practice.
- (2) 33 Provincial district midwives working in the Kensington, Athlone, Bonteheuwel, Langa, Guguletu, Lansdowne and Retreat areas, where there is much poverty.
- (3) Midwives attached to the training schools doing district work in the vicinity of the training schools and in the districts of Kensington, Claremont and Lansdowne.

In approved indigent cases delivered on district, private midwives are paid by the department for services rendered in those areas not served by the provincial district midwives or midwives from the training schools.

ASSISTED MIDWIFERY

An amount of R135,00 was paid to private midwives during the year. Fees paid to medical practitioners called in by midwives to indigent cases with obstetrical emergencies amounted to R34,00.

INSPECTIONS

Regular meetings for private midwives are held at the various centres every quarter, at which talks on midwifery are given by the departmental medical officers, and inspections of the midwife's records and equipment are carried out by the supervisor of midwives. At these sessions the opportunity is taken of encouraging the midwives to discuss their problems with the doctors. In addition, regular visits are paid by the supervisor to the homes of the midwives.

The extent of the supervisor's work is indicated by the following figures:—

Midwives interviewed at office	35
Visits paid to midwives in their own home	490
Inspections held	20
Attendances of midwives at inspections	244
Total visits by supervisor	2 656

SCHOOL CLINICS

By arrangement with the Provincial Administration and the Department of Coloured Affairs, school clinics are organised by the Maternal and Child Welfare Branch and held during the school term at certain of the municipal welfare centres.

General sessions with a medical officer in attendance are held weekly at Woodstock, Bonteheuwel, Retreat and Aspeling Street (city) – and fortnightly at Shortmarket Street (city), Maitland, Kensington, Athlone, Claremont and Wynberg.

Cases requiring specialised attention are referred to the appropriate out-patients department of a general hospital, or to a child guidance or mental hygiene clinic, while those suffering from the effects of malnutrition and debility following illness are sent to convalescent homes. Where necessary, visits are made to the homes of such children and the parents or guardians interviewed.

Ophthalmic sessions with specialists in attendance are held three times per week at the Woodstock centre and weekly at Bokmakierie.

A health visitor and a clinic nurse are employed in this work.

The work done during the year is shown in the table on page 29 and is further analysed in the following figures:–

	Ophthalmic school clinic			General school clinic		
	White	Non-White	Total	White	Non-White	Total
Number of new cases	184	1 893	2 077		2 928	2 928
Total attendances	730	8 100	8 830		12 494	12 494
Number of sessions held	29	255	284		254	254
Children fitted with spectacles:	252		252			
Part paying	158	1 584	1 742			
Free	94	330	424			

CHIROPODY SERVICE

A qualified chiropodist was employed towards the end of 1971 with a view to treating foot ailments at clinics, old age homes or in the homes of bedridden aged etc. Approximately 250 persons receive attention every month.

BEHAVIOUR ADVISORY CLINICS

Four clinics held each week at Salt River, Silvertown, Claremont and Heathfield were started in July, 1969 and cater for pre-school children with behaviour problems.

ATTENDANCES

1st Attendances	White	67	Non-White	244	Total	311
Total Attendances	White	260	Non-White	1 287	Total	1 547

DAY NURSERIES AND NURSERY SCHOOLS

The employment of married women in factories, domestic work and other spheres of labour has become a necessity for many families, who could not otherwise maintain a reasonable standard of living.

Many of the infants of working mothers are cared for by foster mothers. Although the care given is often good, in some cases it leaves much to be desired.

Nurseries and nursery schools are therefore an essential health measure for the underprivileged child providing, as they do, proper care in hygienic surroundings, in addition to establishing constructive social and educational backgrounds. Six nursery schools, 3 with creche attached, a nursery school and creche at Langa and 2 nursery schools and creches at Guguletu are maintained by the branch and are supervised by a senior White nursery school teacher.

All private nursery schools and creches must be registered by the State Department of Social Welfare, and with a view to assisting this body, municipal health personnel visit them reporting on the suitability or otherwise of the premises in question.

The attendances at the municipal nurseries and nursery schools during the year are shown in the following table:—

	Sessions	New entrants	Av. total on register	Av. attend. per session	Total attend.
Bokmakierie	210	44	80	70	14 673
Retreat	210	29	80	71	14 967
Bloemhof	210	32	42	36	7 621
Shelley St.	210	26	50	43	9 108
Liberman	210	31	36	32	6 766
Langa	242	51	80	71	17 283
Guguletu Ny 6	242	45	80	72	17 432
Guguletu Ny 50	242	31	80	69	16 788
Bonteheuwel	210	37	80	70	14 664

All those nursery schools registered for 80 children, cater for 60 children aged 2 – 6 years and 20 children from 3 months to 2 years.

The nursery for infants of tuberculous non-White women in a cottage in the housing scheme in Kewtown was closed during the year. Arrangements have now been made for these children to be nursed at the City Hospital for infectious diseases where a special nursery has been set up. Non infectious mothers can thus nurse their own children.

PROTECTED INFANTS

Children under 7 years of age who are maintained apart from their parents or close relatives and are living with foster parents have by law to be registered by the foster mother with the Commissioner for Child Welfare of the district. Infant protection visitors who visit and report on these children are appointed by the Commissioner.

In Cape Town the health visitors of the Child Welfare Branch have been nominated to act as infant protection visitors.

The practice of placing children with foster mothers particularly amongst non-White is very common in Cape Town. Many of these foster mothers diligently care for their wards but difficulties do arise when payments tend to become irregular or cease altogether owing to the fact that the parents, being unmarried, frequently disappear.

All social problems which might affect the welfare of the young child are brought to light by the health visitor at her periodic visits. Should a foster mother prove unsuitable, the Commissioner for Child Welfare is informed so that arrangements may be made for the removal of the child to some more suitable person.

The number of protected infants registered in the year was as follows:—

Cape Town Magisterial district	53
Wynberg Magisterial district	21

SOCIAL WELFARE WORK

One social welfare worker is attached to the Branch, with a view to safeguarding the interests of unmarried mothers and their infants. She is available for interviews each morning and in the afternoons visits private homes, institutions and maternity homes in connection with cases.

Many requests for advice and help from expectant mothers and mothers of small children, are in connection with non-support from fathers and reputed fathers. Many of these are for various reasons loath to report to the non-support officer.

As required under the Immorality Act 1957, all cases of unmarried mothers under the age of 16 years are fully investigated. During 1972, 512 cases (31 White, 312 Coloured and 169 Bantu) were so investigated.

The social welfare investigator visits rescue homes in an advisory capacity and reports to the health visitors when the mothers and babies leave such institutions. A total of 5 400 visits and 119 interviews were made during the year.

Close contact and co-operation is maintained with Societies such as the Society for the Protection of Child Life, Afrikaanse Christelike Vrouens Vereniging, Mental Health Society, Social Welfare Department and non-support officers.

HEALTH EDUCATION

B. CROWHURST, B.A. (S.S.), DIP. H.ED. (LONDON), M.R.S.H., HEALTH EDUCATION OFFICER

STAFF

Two health education lecturers, one Coloured and one Bantu, were appointed during the year to undertake health educational work amongst their respective communities. After receiving intensive in-service training in principles, methods, and techniques of health education and the use of visual aids, they have been actively assisting by giving health talks and demonstrations in the Coloured townships and Bantu areas of Langa and Guguletu.

The field covered by the health education lecturers is a wide one, since, in addition to routine lectures given daily to patients attending at the municipal child welfare and tuberculosis clinics, they are responsible for giving regular health talks, demonstrations and film shows for non-Whites at schools, factories, hospitals and clubs.

SCHOOLS

The schools are perhaps the most fruitful field for health education; it is a recognised fact that it is far easier to instil new health attitudes and behaviour in children than in adults who have become set in their ways. Health education in most schools usually receives scant attention in a crowded school curriculum, as neither time nor trained staff are readily available.

Following the appointment of the two non-White health educators, it became possible to initiate a health educational programme to include lectures at certain schools serving the various racial groups of the community. As a preliminary step, a circular advising school principals of the department's health education service, together with a list of available health subjects and the appropriate visual aids, was sent to all private schools in the municipal area. The response was most encouraging and lectures and film shows were arranged and given at twenty-one schools. The health talks and demonstrations have now become a regular feature, and are eagerly anticipated by both staff and pupils alike.

Subjects that have proved to be most popular with the schools are the effects of smoking on health, narcotics, and the drug problem, mouth to mouth resuscitation, nutrition, dental hygiene and the activities of the City Health Department.

The health education officer attended a careers evening for school-leavers at Plumstead High School where he gave a talk and slide show for groups of students who had expressed interest in health and meat inspection as a career.

FACTORIES

Lunch-hour lecture programmes were arranged with the managements of several factories employing a large non-White labour force. These lectures, supported by films, were well attended, and although subjects of general health educational value were included, most emphasis was placed on the subject of family planning.

HOSPITALS

Lectures on a variety of health subjects including tuberculosis, nutrition, cervical cytology and family planning, were given for both patients and staff at the following hospitals:— Brooklyn Chest Hospital, City Infectious Diseases Hospital, Somerset Hospital, Peninsula Maternity Hospital and at Langa and Guguletu Day Hospitals.

At the Peninsula Maternity Hospital, great importance is attached to the in-service training of student midwives in methods and techniques of health education and prizes are awarded annually by a commercial firm for the nurses producing the best visual aids in the form of flip-charts and flannelgraphs. These are subsequently utilised by the nursing staff to support lectures given to out-patients attending the hospital.

Lectures on the part played by health education in preventive medicine were given for the fourth and fifth year medical students at the U.C.T. Medical School, and also for Coloured nurses undergoing training at the Nico Malan Nurses' College.

IN-SERVICE TRAINING OF STAFF

In-service training of the public health nurses and clinic sisters in lecturing and group discussion techniques was again undertaken throughout the year by the health education officer. When time permitted, health education talks, supported by visual aids, were subsequently given to the patients by the nursing staff. These talks were supplemented by film shows and talks given by the health education staff.

All major child welfare and tuberculosis clinics catering for the non-White communities have now been provided with flannelgraphs for use by the nursing staff, and these comprise most subjects of public health importance.

Assistance with the training of student public health nurses and health inspectors was again rendered to the Technical Colleges, and as part of their practical work, the student public health nurses participated in the clinic lecturing programmes.

VISUAL AID

In addition to flannelgraphs which have been duplicated and are used extensively to support lectures, a library of 16mm. films selected to cater for all racial groups in the community has been acquired — these have proved most popular as an aid to instruction and, utilising daylight screens, are shown regularly at premises where blacking out is not possible.

GENERAL

Contact was maintained with voluntary welfare organisations in Cape Town, including the Cancer Association, SHAWCO, Cafda, and the Family Planning Association of the Western Cape. In addition, various church organisations and women's groups received attention and lectures and evening film shows of health educational value were conducted for their members throughout the year.

The following statistics reflect the health education lectures given by the health education and nursing staff during the year. These figures do not include the health educational advice and assistance given to individuals by doctors, nursing staff and health inspectors, which aspect also constitutes an important facet of the health educational services of the department.

STATISTICS FOR 1972

40.

REPORT OF THE MEDICAL OFFICER OF HEALTH

VENUES	SUBJECTS	RACIAL GROUPS	TYPE OF AUDIENCE	MEDIA UTILISED	NO. OF LECTURES	ATTENDANCES
Child Welfare Clinics	Nutrition, family planning, cervical cytology, Tuberculosis, food-borne disease, infant care and feeding, immunization, general and personal hygiene, accident prevention, care of feeding bottles and teats, physiology of labour.	White Coloured Bantu	Mothers Mothers	Films, filmstrips, 35mm. slides, flannelgraphs and flip-charts	12 832 145	206 51 000 8 250
Tuberculosis Clinics	Tuberculosis, nutrition, family planning.	Coloured Bantu	T.B. out-patients	Films, flannelgraphs	21 81	648 5 150
Hospitals	Nutrition, family planning, Tuberculosis, mouth to mouth resuscitation.	Coloured Bantu	Nursing staff, patients in wards, out-patients	Films	26 14	1 300 1 450
Community Centres and Clubs	Venereal Diseases, T.B.	Coloured Bantu	Adult & teenage male and females Adult male and female males	Films, slides and flannelgraphs	15 25	1 400 1 500
Voluntary Organisations	Family planning, nutrition, venereal diseases.	Coloured Bantu	Adult male and female males Adult male and female males	Films, slides, flannelgraphs and flip-charts	16 12	750 825
Food Premises	Food hygiene, personal hygiene, elementary bacteriology.	White Coloured Bantu	Employees engaged in food preparation and handling	Films, film-strips, flannelgraphs	6 25	74 350
U.C.T. Medical School	Principles and techniques of health education.	White	Medical students	Flannelgraphs	2	150
Technical Colleges	Principles and techniques of health education.	White Coloured	Trainee public health nurses and public health inspectors	Films, flannelgraphs and slides	5 2	72 84
Nurses Training College	Health education and public health.	Coloured	Trainee nurses	Slides	2	96
Schools	Pollution, drugs, smoking and health, mouth to mouth resuscitation, dental hygiene and sex education.	White Coloured Bantu	Scholars at both primary and secondary level	Films, flannelgraphs slides	35	5 200
Factories	Family planning, sex education, venereal diseases, Tuberculosis, nutrition, mouth to mouth resuscitation.	White Coloured Bantu	Male & female employees Male & female employees Male & female employees	Films and flannelgraphs	21	5 250



Public health nurse demonstrating nutritional flannel graph.

SECTION IV - DENTAL BRANCH

DR. V.R. TAYLOR - CHIEF DENTAL OFFICER

The year under review shows an increase in the number of extractions to a record grand total of 172 218 teeth under general anaesthesia, whilst 1 487 patients attended our local anaesthetic sessions, where a total of 3 822 teeth were extracted. There was a slight decrease in attendances on the conservative dentistry side and in the prophylactic treatments, due in the main to a shortage of part time personnel in the early part of the year. Denture output is satisfactory considering that the year commenced with a short-fall of two mechanics. The orthodontic section which is served by only one specialist orthodontist gave the gratifying return of 640 attendances and 136 appliances inserted.

Dental caries is a preventable disease. Caries is undoubtedly associated where dietary habits and it is doubtful whether any programme designed to influence the dietary habits of the population is likely to meet with any success. The regulation of the fluoride content of the public drinking water to contain 0.8 or a maximum of 1 part per million is the most effective safe and sensible method of preventing dental decay. Unfortunately the beneficial effects of this overall method of reducing caries is mainly confined to the smooth surfaces of the teeth and the reduction of caries on the occlusal surfaces of the teeth is much less pronounced. To attain a possible utopian state of affairs in the field of public health dentistry, we must combine a dental hygiene programme with a correct dietary balance and an overall fluoridation programme. These three adjuncts are the basic requirements for sound healthy teeth and surrounding tissue.

The branch is responsible for the dental care of the teeth of all indigent persons residing in the Cape Town municipal area and treatment centres are maintained at Hope Street, Silvertown, Spencer Road Salt River, Wynberg, Maitland, Retreat, Langa and Guguletu. In addition, professional services were rendered to certain hospitals, namely, Brooklyn Chest Hospital, City Hospital and the Dr. Stals Sanatorium. A service is also rendered to the Vista Nova Cerebral Palsy School. The clinical material of the Branch facilities has been made available to the dental hygiene students of the University of Stellenbosch for necessary demonstration purposes.

The full time establishment of the dental branch as at 31st December, 1972 consisted of:-

- Chief Dental Officer
- Deputy Dental Officer
- Assistant Dental Officer
- 1 Senior Dental Mechanic
- 1 Senior Dental Nurse
- 4 Dental Mechanics
- 7 Dental Nurses
- 4 Laundresses
- 1 Social Worker
- 4 Clerical Staff
- 1 Labourer
- 1 Domestic

The above staff is assisted by some 12 part time dental surgeons, 7 anaesthetists, a specialist orthodontist and dental nurses. The attendances at the dental sessions over the year are shown in the following table.

DENTAL BRANCH 1972

CENTRE		Ses- sions	Attendances				Extractions (Persons)		Fillings (Persons)		Examinations and other dental treatment		Dentures Supplied			
			New		Total		W.	N-W.	W.	N-W.	W.	N-W.	W.		N-W.	
			W.	N-W.	W.	N-W.							Full	Partial	Full	Partial
Hope Street	General:	1 625	778	7 338	2 703	16 580	368	5 111	312	302	2 058	11 388	151	26	816	30
	Adults		773	2 612	2 227	4 605	463	1 802	350	132	1 437	2 676		3	2	1
	Children															
	Nursing and ex- pectant mothers	49		9	3	54	3	53				1				
	Pre school children		5	134	36	599	36	582				17				
	School children	516	70	1 574	668	4 219	192	2 413	366	978	123	856				
	TOTAL	2 190	1 626	11 667	5 637	26 057	1 062	9 961	1 028	1 412	3 618	14 938	151	29	818	31
Maitland	General:	100														
	Adults		34	607	43	964	12	369			31	595				
	Children		102	512	134	814	45	371			90	433				
	Nursing and ex- pectant mothers	49		83		125		117				8				
	Pre school children		20	491	24	684	24	675				9				
	School children	142		2 405		2 939		2 424				525				
	TOTAL	291	156	4 098	201	5 526	81	3 956			121	1 570				
Silvertown	General:	145														
	Adults			1 263		1 912		765				1 147				
	Children			1 496		2 131		926		6		1 199				
	Nursing and ex- pectant mothers	203		457		657		601				56				
	Pre school children			1 444		2 095		1 993				102				
	School children	427		6 512		8 273		6 722		235		1 328				
	TOTAL	775		11 172		15 068		11 007		241		3 832				
Wynberg	Nursing and ex- pectant mothers	51	3	175	3	190	3	171				21				
	Pre school children		6	421	8	492	7	470			1	22				
	School children	177	83	1 760	177	2 344	53	1 699	82	155	42	497				
	TOTAL	228	92	2 356	188	3 026	63	2 340	82	155	43	540				
Retreat	General:	103														
	Adults			676		1 244		499				747				
	Children			481		810		363				447				
	Nursing and ex- pectant mothers	102		19		26		25				36				
	Pre school children		1	480	1	743	1	676				67				
	School children	168		2 748		3 561		2 806				755				
	TOTAL	373	1	4 404	1	6 384	1	4 369				2 052				
Lansdowne	Nursing and ex- pectant mothers	100	1	247	1	392	1	367				25				
	Pre school children		10	739	11	1 130	11	1 047				83				
	School children	142		1 732		2 441		1 930		107		409				
	TOTAL	242	11	2 718	12	3 963	12	3 344		107		517				
Langa	Adults	25		190		251		236				15				
	Children			63		68		61				7				
	TOTAL	25		253		319		297				22				
Guguletu	General:	152														
	Adults			1 647		2 664		963				1 701				
	Children			1 266		1 985		730				1 255				
	Nursing and ex- pectant mothers	46		181		438		419				19				
	Pre school children			115		303		297				6				
	TOTAL	198		3 209		5 390		2 409				2 981				
Salt River	T.B. out-patients	76		259	4	618		266			4	355			57	
City Hospital	In-patients	11		152		221		111				115				
Brooklyn chest hosp.	In-patients	7		129		164		62				102				
Dr. Stals Sanatorium	In-patients	7		81		134		124				10				
Misc. Schools		4		114	125	139		25			125	114				
TOTALS	Adults		816	13 425	2 758	26 535	387	10 164	312	305	2 094	16 333	151	26	873	30
	Children		1 070	27 187	3 410	40 474	832	28 107	798	1 610	1 817	10 815		3	2	1
	TOTAL	4 427	1 886	40 612	6 168	67 009	1 219	38 271	1 110	1 915	3 911	27 148	151	29	875	31

SECTION V - INFECTIOUS AND OTHER DISEASES

The cases of compulsory notifiable diseases reported in the Municipality of Cape Town during the year are shown in the tables on pages 108 to 111 classified by race and:

Table N, in months according to date of notification

Table O, in age and sex groups

Table P, in wards.

Other relevant statistical details of deaths from infectious diseases are contained in Tables A, B and C on pages 93 to 95.

No Cape Town residents were notified as suffering from any of the following notifiable diseases:

Anthrax, Asiatic cholera, glanders, lead poisoning, leprosy, Malta fever, plague, rabies, smallpox, trachoma, trypanosomiasis, typhus fever and yellow fever.

DISTRIBUTION OF CASES BY RACE

	White	Coloured	Bantu	Asiatic	Total
Tuberculosis, pulmonary	53	663	681	2	1 399
Tuberculosis, other forms	7	160	173	1	341
Enteric fever	1	15	1		17
Diphtheria		4	1		5
Scarlet fever	32	12			44
Erysipelas		1			1
Cerebrospinal fever	8	43	7		58
Acute poliomyelitis	1	5	5		11
Ophthalmia neonatorum	1	23	8		32
Puerperal fever	1	2			3
Whooping cough	9	14	1		24
Tetanus	1	2	4		7
Viral Hepatitis	80	110	7	1	207
Malaria			1		1
TOTAL	194	1 063	889	4	2 150

ENTERIC OR TYPHOID FEVER

The number of cases reported in the municipal area, corrected for mis-diagnosis and out of city cases, was 17 (1 White and 16 non-White) equivalent to an incidence rate of 0,02 (0,00 for Whites and 0,03 for non-Whites) per 1 000 population.

There were no deaths. During the previous year there were 20 confirmed cases notified with no deaths.

4 cases became infected from the same address in ward 16 and 2 cases in each of wards 12 and 17 were from the same households.

15 cases were treated in the City Hospital for infectious diseases and 2 cases in general hospitals.

In addition to the above 18 cases (5 White and 13 non-White) were admitted to the City Hospital from outside areas.

CARRIERS

One non-White was found to be a carrier and was admitted to hospital for observation and treatment.

DIPHTHERIA

Diphtheria cases reported during the year, corrected for mis-diagnosis and out of city cases, numbered 5 (all non-White) equivalent to an incidence rate of 0,01 (0,01 non-White) per 1,000 population.

One case had been immunised but the remaining 4 had either not been immunised or there was no record of their having been immunised.

There was 1 death. During the previous year there were 6 cases and no deaths.

One case occurred in the Langa Township. All the cases were admitted to the City Hospital for Infectious Diseases.

In addition to the above, 10 cases (3 White and 7 non-White) from outside the municipal area were admitted to the City Hospital. One of these patients died.

DIPHTHERIA CARRIERS

Six carriers, (5 aural and 1 nasal) were notified, 2 of whom had been fully immunised. Three were admitted to the City Hospital and 3 were treated at home.

Details of the Department's work in immunisation against diphtheria is given in the following table and also on page 33.

YEAR	Number of Notifications			Persons Immunised		
	White	Non-White	All Races	White	Non-White	All Races
1968	1	9	10	7 029	35 000	42 029
1969	-	11	11	8 151	34 931	43 082
1970	1	3	4	7 072	33 478	40 550
1971	-	6	6	8 128	37 260	45 388
1972	-	5	5	8 565	46 998	55 563

SCARLET FEVER

The number of cases of this disease reported during the year, corrected for mis-diagnosis and out of city cases, numbered 44(32 White and 12 non-White) equivalent to an incidence rate of 0,06 (0,13 White and 0,02 non-White) per 1,000 population.

There were no deaths from the disease. In the previous year there were 67 cases (57 White and 10 non-White) and no deaths.

Secondary cases occurred in 3 houses, in one of which 6 persons contracted the disease.

In view of satisfactory isolation facilities 39 cases were granted permission to be isolated at home and one in a school isolation sick bay.

In addition to the above, 6 cases (5 White and 1 non-White) were admitted to the City Hospital from outside the municipal area.

NOTIFICATIONS, DEATHS, INCIDENCE AND DEATH RATES PER 100 000 POPULATION
FOR ENTERIC FEVER, DIPHTHERIA AND SCARLET FEVER.

		Enteric fever				Diphtheria				Scarlet fever			
		Notifications		Deaths		Notifications		Deaths		Notifications		Deaths	
		White	Non-White	White	Non-White	White	Non-White	White	Non-White	White	Non-White	White	Non-White
YEAR	1968		10		1	1	9			18	8		
	1969		4				11		1	27	9		
	1970	1	19			1	3			19	5		
	1971	1	19		1		6			57	10		
	1972	1	16				5		1(2)	32	12		
INCIDENCE AND DEATH RATES PER 100 000 POPULATION													
YEAR	1968		2,2		0,2	0,5	2,0			8,5	1,8		
	1969		0,9				2,4		0,2	12,6	1,9		
	1970	0,4	4,0			0,4	0,6			8,8	1,0		
	1971	0,4	3,8		0,2		1,2			24,2	2,0		
	1972	0,4	3,1				1,0		0,4	13,4	2,3		
AVERAGE													
	1946 – 1950	12,0	37,0	1,8	5,8	24,8	33,4	1,6	3,8	122,2	13,8		0,4
	1951 – 1955	7,4	23,9		1,2	17,9	19,9	0,5	1,8	96,3	13,2		0,2
	1956 – 1960	2,6	13,1		0,2	10,1	16,0	0,8	1,0	54,0	4,8	0,1	0,1
	1961 – 1965	0,2	3,9		0,2	3,7	7,2	0,3	0,8	26,3	3,1		
	1966 – 1970	0,8	3,2		0,1	0,6	2,0		0,1	8,8	1,8		
	1968 – 1972	0,2	2,8		0,1	0,2	1,4		0,1	13,5	1,8		

CEREBROSPINAL FEVER

During the year under review, 58 cases (8 White and 50 non-White) were notified, equivalent to an incidence rate of 0,08 (0,03 White and 0,10 non-White) per 1 000 population.

47 cases were admitted to the City Hospital, 10 to general hospitals and one was nursed at home.

6 cases occurred in the Bantu Townships.

Of the 58 cases, 6 (10) died from the effects of the disease.

In addition to the above, 47 cases were admitted to the City Hospital from outside areas. Three of these cases died.

ACUTE POLIOMYELITIS

Eleven cases (1 White and 10 non-White) of poliomyelitis were notified in the City, equivalent to a rate of 0,01 (0,00 White and 0,02 non-White) per 1 000 population.

All the cases were admitted to the City Hospital for Infectious Diseases. There were no deaths.

Five of the cases had been fully immunised, the remaining 6 had either not been immunised or there was no record of their being immunised.

In addition to the above, 19 cases were admitted to the City Hospital from outside areas.

Information regarding poliomyelitis immunisation will be found on page 34.

INFECTIVE ENCEPHALITIS

There were no city cases of this disease. Four cases were admitted to hospital from outside areas. Two of these died.

NOTIFICATIONS, DEATHS, INCIDENCE AND DEATH RATES PER 100 000 POPULATION
FOR CEREBROSPINAL FEVER, ACUTE POLIOMYELITIS AND INFECTIVE ENCEPHALITIS.

	Cerebrospinal fever				Acute poliomyelitis				Infective encephalitis			
	Notifications		Deaths		Notifications		Deaths		Notifications		Deaths	
	White	Non-White	White	Non-White	White	Non-White	White	Non-White	White	Non-White	White	Non-White
YEAR 1968	13	140	2	10	1	16		1		1		1
1969	8	89		9		1				3		3
1970	13	48	1	7		3			2	1	2	1
1971	5	47		3		2						
1972	8	50		6	1	10						
				(10)								
INCIDENCE AND DEATH RATES PER 100 000 POPULATION												
YEAR 1968	6,1	31,5	0,9	2,2	0,5	3,6		0,2		0,2		0,2
1969	3,7	19,3		1,9		0,2				0,6		0,6
1970	6,0	10,1	0,5	1,5		0,6			0,9	0,2	0,9	0,2
1971	2,1	9,4		0,6		0,4						
1972	3,3	9,7		1,9	0,4	1,9						
AVERAGE												
1946 – 1950	6,5	21,2	1,3	4,7	4,6	3,9	0,3	0,2	0,4	0,8		0,3
1951 – 1955	6,2	19,1	0,6	3,0	9,2	5,0	0,9		1,2	0,9		0,4
1956 – 1960	3,4	6,8	0,5	1,0	16,7	23,0	1,2	1,1	0,7	3,0	0,3	0,9
1961 – 1965	2,2	6,4	0,1	0,7	0,3	2,4			0,4	0,8	0,1	0,6
1966 – 1970	6,0	31,2	0,4	3,0	0,3	1,6	0,1	0,0	0,2	0,5	0,2	0,5
1968 – 1972	4,2	16,0	0,3	1,6	0,2	1,3		0,0	0,2	0,2	0,2	0,2

VIRAL HEPATITIS

207 cases (80 White and 127 non-White) were notified, equivalent to an incidence rate of 0,28 (0,33 White and 0,25 non-White) per 1 000 population.

Two cases were admitted to the City Hospital, 21 to general hospitals and the remainder were nursed at home. Two deaths (1 White and 1 non-White) occurred.

In addition, 8 non-White cases from outside areas were admitted to hospital, three of which were notified through the death returns.

YEAR	Notifications		Deaths		Incidence rate per 100 000		Death rate per 100 000	
	W	N-W	W	N-W	W	N-W	W	N-W
1969 *	64	51	3	5	50,9	18,8	2,3	1,9
1970	44	43	1	3	20,3	9,0	0,5	0,6
1971	68	107	-	2	28,9	21,4	-	0,4
1972	80	127	1 (2)	1 (2)	33,5	24,7	0,8	0,4

* As from 30th May, 1969.

LEPROSY

One case, a non-White male, from outside the municipal area was admitted to the City Hospital until transferred to the Pretoria Leper Institution.

TETANUS

Five cases of tetanus (1 White and 4 non-White) and 2 non-White cases of tetanus neonatorum were notified, one through the death returns.

In addition, one case of tetanus and 3 cases of tetanus neonatorum (all non-White) from outside the area were admitted to hospital, one of these cases died.

MALARIA

One Bantu male was notified. From the case history it is probable that he contracted the disease while on leave outside the Republic.

WHOOPIG COUGH

For the period under review, the number of cases notified was 24 (9 White and 15 non-White) equivalent to an incidence rate of 0,03 (0,04 White and 0,03 non-White) per 1 000 population.

There were 2 (3) deaths.

In addition, 13 cases (all non-White) were admitted to the City Hospital from outside areas. One of these cases died.

The distribution of the 24 city cases according to month of occurrence, wards and age-groups will be found in Tables N to P on pages 108 to 111. Details of whooping cough immunisation at the municipal centres will be found on page 33.

PERIOD	WHOOPIG COUGH							
	Notifications		Incidence rate per 1 000 population		Deaths		Death rate per 1 000 population	
	White	Non-White	White	Non-White	White	Non-White	White	Non-White
YEAR 1968	2	22	0,01	0,05		4		0,01
1969	6	8	0,03	0,02				
1970	7	22	0,03	0,05		3		0,01
1971	15	17	0,06	0,03		1		0,00
1972	9	15	0,04	0,03		2(3)		0,01
AVERAGE								
1945 - 50					2	42	0,0	0,2
1951 - 55	188	576	1,0	2,2	1	19	0,0	0,1
1956 - 60	48	162	0,3	0,5		8		0,0
1961 - 65	20	63	0,1	0,2		6		0,0
1966 - 70	6	21	0,0	0,1		2		0,0
1968 - 72	5	17	0,3	0,0		2		0,0

INFLUENZA AND PNEUMONIA

These diseases are no longer notifiable in the Cape Town Municipality, but deaths from influenza and from bronchitis and pneumonia, with corresponding death rates per 1 000 population, are set out in the following table:-

PERIOD	Influenza				Bronchitis				Pneumonia (all forms)			
	White		Non-White		White		Non-White		White		Non-White	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
YEAR 1968			2	0,00	25	0,12	75	0,17	27	0,13	283	0,64
1969			9	0,02	45	0,21	90	0,20	29	0,14	346	0,75
1970	1	0,00	5	0,01	50	0,23	114	0,24	39	0,18	361	0,76
1971					45	0,19	107	0,21	44	0,19	321	0,64
1972			1(2)	0,00	34(58)	0,24	50(86)	0,17	29(50)	0,21	207(354)	0,69
AVERAGE												
1946 – 50	4	0,0	9	0,1	18	0,1	105	0,5	56	0,3	365	1,8
1951 – 55	5	0,0	6	0,0	16	0,1	50	0,2	52	0,3	249	1,0
1956 – 60	3	0,0	6	0,0	11	0,1	30	0,1	53	0,3	263	0,8
1961 – 65	3	0,0	5	0,0	16	0,1	41	0,1	49	0,2	272	0,7
1966 – 70			4	0,0	36	0,2	79	0,2	31	0,1	323	0,7
1968 – 72			4	0,0	45	0,2	94	0,2	38	0,2	333	0,7

The following figures for deaths from bronchitis and pneumonia show the contrast between White and non-White compared with the previous year:-

	1971		1972	
	White	Non-White	White	Non-White
	10	169	3(5)	100(171)
Under 5 years of age				
0 – 1 year	8)	129)	2(3)	83(142)
1 – 2 years	1)	27)	1(2)	9(15)
2 – 4 years	1)	13)		8(14)
All other ages	79	259	60(103)	157(269)
	89	428	63(108)	257(440)

The infant mortality rate per 1 000 live births from these causes for a series of past years is set out in Table K, on pages 104 and 105.

The seasonal character of mortality from bronchitis and pneumonia will be found in Table C on page 95.

ERYSIPELAS

One non-White case occurred during the year. The patient was treated at home.
One further case, a White female, was admitted to the City Hospital from outside the area.

PUERPERAL FEVER AND OPHTHALMIA NEONATORUM

See Section III, Maternal and Child Welfare, page 33.

INSECTICIDAL POISONING

A Bantu child was notified as suffering from insecticidal poisoning as a result of the room and bed being sprayed. The child recovered after treatment in hospital.
Another child from outside the municipal area was admitted to hospital after having eaten unwashed grapes previously sprayed with parathion.

MEASLES

During the year 608 cases were admitted to the City Hospital of whom 245 were from outside the city, 14 from Langa and 83 from Guguletu. In the previous year 622 cases were admitted.

Twenty deaths (35) (1 (2) White and 19 (33) non-White) occurred as a result of measles. In the previous year there were 55 deaths.

It will be noted that this is a reduction in the death rate of cases treated at City Hospital of 36%. This is a remarkable achievement and indicates a very high standard of medical care, and skilled and devoted nursing.

Fifteen of the deaths occurred in children under 2 years of age and all who died were under 5 years of age. Eleven non-city residents also died from complications of the disease.

It should be noted that measles is not a notifiable disease except under certain circumscribed circumstances, so that the figures noted above only refer to those cases brought to the notice of the department through admission to the City Hospital as a result of inability to isolate, bad home conditions or as a result of serious complications supervening.

The foregoing emphasised again the havoc wrought by the complications of this often underestimated disease. There is an urgent need for a measles vaccination programme in Cape Town and if State Health remains unable to subsidise it, the Local Authority should give urgent consideration to bearing the entire cost as is done in Johannesburg and Durban.

PERIOD		MEASLES			
		Deaths		Rate per 1 000 population	
		White	Non-White	White	Non-White
YEAR	1968	—	42		0,09
	1969	2	54	0,01	0,12
	1970	1	43	0,00	0,09
	1971	—	55		0,11
	1972	1 (2)	19 (33)	0,01	0,06
AVERAGE	1946 — 50	1	24	0,0	0,1
	1951 — 55	—	14	0,0	0,1
	1956 — 60	1	18	0,0	0,1
	1961 — 65	2	49	0,0	0,1
	1966 — 70	1	44	0,0	0,1
	1968 — 72	1	45	0,0	0,1

DIARRHOEAL DISEASES

The deaths registered during the year due to diarrhoea and enteritis numbered 131 (224) as compared with 318 in the previous year.

The corresponding death rates for the City were 0,30 (0,01 White and 0,43 non-White) per 1 000 population.

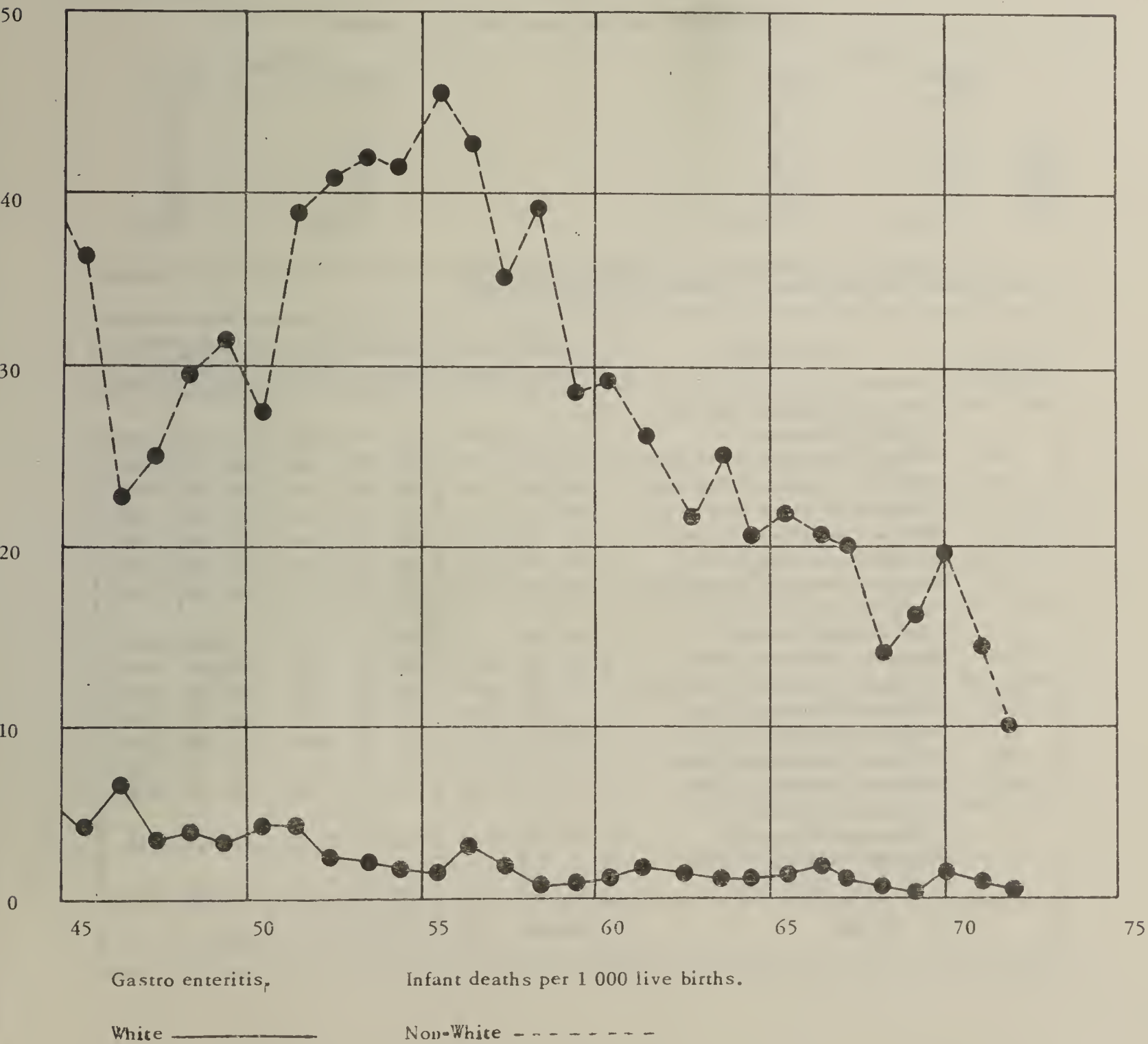
Int. Code No.	Disease	White	Non-White	All Races
571,764	Gastro-enteritis and colitis, including diarrhoea of the newborn	2 (3)	129 (221)	131 (224)
572	Chronic enteritis and ulcerative colitis		2 (3)	2 (3)
043	Cholera			
045	Dysentery, bacillary			
046	Dysentery, amoebic			
047-048	Dysentery, other forms			
	Total	2 (3)	131 (224)	133 (227)
	Diarrhoeal death rate per 1 000 population	0,01	0,44	0,30

Of the 129 non-White deaths from gastro enteritis, 40 occurred in the Bantu Townships, 49 in ward 12, 17 in ward 17 and 23 in the rest of the city.

Of these, 98,4% were under 5 years of age, i.e. 105 under one year, 11 between 1 and 2 years and 11 between 2 and 4 years.

Infant deaths (0-1 year) from diarrhoea and enteritis for a series of years:

Year		DIARRHOEA AND ENTERITIS					
		White		Non-White		All Races	
		Male	Female	Male	Female	Male	Female
Year	1968	1	2	115	126	116	128
	1969	2	1	155	124	157	125
	1970	4	1	161	173	165	174
	1971	3	1	124	123	127	124
	1972	-	-	58 (99)	47 (81)	58 (99)	47 (81)
Average							
	1946 - 50	9	6	142	107	151	113
	1951 - 55	5	3	224	206	229	209
	1956 - 60	3	2	210	195	213	197
	1961 - 65	3	2	176	155	178	157
	1966 - 70	2	2	147	142	149	145
	1968 - 72	2	1	131	125	133	126



KWASHIOKOR

Although this syndrome is no longer notifiable, 14 (24) deaths (1 White and 13 non-White) were recorded during the year. This compares with 21 deaths in the previous year.

CANCER

In accordance with the International Classification List of Causes of Death, this disease now appears as malignant neoplasms, including neoplasms of lymphatic and haematopoietic tissues.

The number of deaths certified during the year as being due to cancer was 513 (879), 237 (406) White and 276 (473) non-White, compared with 799 (388 White and 411 non-White) in the previous year.

Among Whites the increase was mainly confined to neoplasms of the stomach and lungs, and of the lungs and breast in the case of non-Whites.

In view of public interest in the causation of lung cancer and its relationship to cigarette smoking, the following figures may be of interest.

Deaths from neoplasms of trachea and lung bronchus:-

	Whites		Rates per 100 000 population		Non-Whites		Rates per 100 000 population	
	Male	Female	Male	Female	Male	Female	Male	Female
1947	21	3	23,5	3,1	4	2	4,1	2,0
1957	46	6	49,8	5,9	27	5	17,0	3,0
1967	57	7	57,1	6,4	51	8	22,9	3,7
1971	53	17	47,3	13,8	54	10	21,3	4,1
1972	38(65)	14(24)	57,1	19,2	61(104)	4(7)	40,0	2,8

From these figures it is obvious that lung cancer deaths among males is worthy of further consideration and analysis in so far as ages are concerned.

PERCENTAGE UNDER AND OVER 55 YEARS

	White		Non-White	
	Under 55 yrs. %	Over 55 yrs. %	Under 55 yrs. %	Over 55 yrs. %
1968	14	86	48	52
1969	21	79	40	60
1970	15	85	30	70
1971	13	87	37	63
1972	7 (12)	31 (53)	23 (39)	38 (65)

The deaths from cancer registered during the year and the corresponding rates are classified in the following table according to the parts of the body affected.

Int. Code No.	Parts affected	White		Non-White		All Races	
		Deaths	Rate	Deaths	Rate	Deaths	Rate
140 – 148	Malignant neoplasm of buccal cavity and pharynx	2(3)	0,01	6(10)	0,02	8(13)	0,02
150	Malignant neoplasm of oesophagus	8(14)	0,06	23(39)	0,08	31(53)	0,07
151	Malignant neoplasm of stomach	28(48)	0,20	39(67)	0,13	67(115)	0,15
152 – 153	Malignant neoplasm of intestine	20(34)	0,14	7(12)	0,02	27(46)	0,06
154	Malignant neoplasm of rectum	5(9)	0,04	4(7)	0,01	9(16)	0,02
155 – 156	Malignant neoplasm of liver	4(7)	0,03	19(33)	0,06	23(40)	0,05
157	Malignant neoplasm of pancreas	11(19)	0,08	5(9)	0,02	16(28)	0,04
162 – 163	Malignant neoplasm of trachea and bronchus of lung	52(89)	0,37	65(111)	0,22	117(200)	0,27
170	Malignant neoplasm of breast	29(50)	0,21	31(53)	0,10	60(103)	0,14
171 – 172	Malignant neoplasm of cervix uteri	7(12)	0,05	14(24)	0,05	21(36)	0,05
175	Malignant neoplasm of ovary	5(9)	0,04	6(10)	0,02	11(19)	0,03
177	Malignant neoplasm of prostate	10(17)	0,07	3(5)	0,01	13(22)	0,03
180	Malignant neoplasm of kidney	1(2)	0,01	1(2)	0,00	2(4)	0,01
181	Malignant neoplasm of bladder	9(15)	0,06	7(12)	0,02	16(27)	0,04
200 – 205	Neoplasm of lymphatic and haematopoietic tissues	14(24)	0,10	16(27)	0,05	30(51)	0,07
–	Malignant neoplasm of other and unspecified sites	32(55)	0,23	30(51)	0,10	62(106)	0,14
	TOTAL	237(406)	1,70	276(473)	0,92	513(879)	1,17

MEDICAL EXAMINATIONS

Medical examinations for initial entry into the Council service and for admission to the municipal pension fund are carried out by the department. During the year 5 553 attendances were recorded as follows:-

EXAMINATION CENTRE

Department	Total	Fit	Temporarily unfit	Unfit
City Engineer	3 133	2 285	515	333
City Electrical Engineer	1 225	888	241	96
Town Clerk	1 046	753	188	105
City Treasurer	89	60	27	2
Health	60	43	15	2
	5 553	4 029	986	538

The Department also provides medical attention for Fire Brigade and Traffic personnel.

SECTION VI – TUBERCULOSIS

H.L. ACKERMAN. M.R.C.S. (ENG.) L.R.C.P. (LOND.) T.D.D., D.P.H. (WALES)
TUBERCULOSIS OFFICER

As in previous years tuberculosis (all forms) has remained the most serious health problem in the City of Cape Town. The total number of local cases reported fell from 1816 in 1971 to 1740 this year. When pulmonary cases are regarded separately the number has fallen from 1467 last year to 1393 in the year under review. New notifications of non-pulmonary tuberculosis have remained constant (349 in 1971 to 347 in 1972). The co-operation in the reporting of non-pulmonary tuberculosis between the Day Hospital Organisation of the Provincial Administration, with its associated District Nurses Association, and the Tuberculosis Branch, has remained excellent.

The notification rate for pulmonary tuberculosis per thousand of the population has decreased for all races but the significant rate of decrease recorded for the Coloured group in 1971 has not been maintained. The proportion of pulmonary tuberculosis for White (a), Coloured (b), Bantu (c) is 1(a): 7,3(b): 34(c) as against (1(a): 5,3(b): 23,5(c) in 1971). The disproportion between the Whites and the other two groups has increased but this was due in fact to the very low rate amongst the White population. However the matter gives rise to much concern demonstrating that the fight against tuberculosis is far from being won. With improved socio-economic conditions of the urbanised Bantu it is to be hoped that in future years there will be a marked decrease in the incidence in this group.

The out-patient treatment of pulmonary disease is now fully established and almost half of the existing cases are now being treated on an out-patient basis. Those admitted to hospital are being confined for much shorter periods and as soon as possible are discharged to the clinics for continuation therapy. This has placed a heavy load on the clinics and is shown in Tables H & J.

Patient co-operation has, on the whole, been very good and the more the patient realises that he no longer suffers from a highly fatal disease (provided that he follows instructions regarding treatment), the greater is the likelihood of co-operation. Education, particularly among the school children of the Coloured and Bantu groups, will be increased.

Once again the activity of the branch has been directed mainly towards the early discovery and treatment of patients in the non-White groups.

The local new cases of tuberculosis reported in 1972 corrected for misdiagnosis and imported cases are classified in Table A.

TABLE A

	Lungs		Pleural effusion		Primary complex		Mantoux Under 5 years		Other forms	
	White	Non-White	White	Non-White	White	Non-White	White	Non-White	White	Non-White
City	52	643	1	34		22		3	7	163
Langa		264		16		7		1		35
Guguletu		303		17		34		2		136
Total local cases	52	1210	1	67		63		6	7	334
Imported infection	6	395		12	1	31		13		65
Hospitalised from outside the city	45	234		4						22
	103	1839	1	83	1	94		19	7	421

In addition to the 1740 local cases there were 828 cases and infections from outside the municipal area of which 455 pulmonary cases were clinic treated throughout their illness (i.e. 61%)

TABLE B

Pulmonary notifications by race

Local cases only

	Notifications		Rate per 1,000 population	
	1971	1972	1971	1972
White	78	53	0,33	0,22
Coloured	662	663	1,67	1,61
Bantu	722	681	7,76	7,47
Asiatic	5	2	0,52	0,02
Non-White	1 389	1 346	2,78	2,62
All races	1 467	1 399	1,99	1,86

Further particulars regarding age-groups and wards of the City will be found in Tables N to P on pages to .

TABLE C

Deaths from pulmonary tuberculosis (corrected) and the corresponding death rates were as follows:—

	Deaths		Rate per 1,000 population	
	1971	1972	1971	1972
White	5	7(12)	0,02	0,05
Coloured	86	62(106)	0,22	0,26
Bantu	70	49(84)	0,75	0,92
Asiatic	1	2(3)	0,10	0,30
Non-White	157	113(193)	0,31	0,38
All races	162	120*(205)	0,22	0,27

* The figures do not include deaths from February to June inclusive (5 months), for which details of deaths were unobtainable. Yearly totals have been obtained by proportion and are shown in brackets. These latter have been used to compute the yearly rates.

The steep rise in the number of deaths from 162 in 1971 to 205 (estimated) this year gives rise for concern. The cause for this is not readily apparent.

TABLE D

Notifications and deaths in other forms of tuberculosis

	White		Non-White		Total	
	Cases	Deaths	Cases	Deaths	Cases	Deaths
Meninges			18	5(9)	18	5(9)
Abdominal	1		11		12	
Bones and joints	1		15		16	
Glands	4		251		255	
Genito urinary system			14		14	
Disseminated			12	4(7)	12	4(7)
Other organs	1		13		14	
Total	7	—	334	9(16)	341	9(16)

Notifications: Of the 334 non-White cases 160 were Coloured and 173 were Bantu.

Deaths: Of the nine non-White deaths 5 were Coloured and 4 were Bantu. .

The large number of cases of non-pulmonary tuberculosis is unsatisfactory but should diminish with improvement in socio-economic conditions. Tuberculous meningitis accounted for approximately the same number of cases as last year but the number of resulting deaths was halved.

Notifications and deaths of cases of tuberculous meningitis is reflected in the ensuing table.

NOTIFICATIONS AND DEATHS FROM TUBERCULOUS MENINGITIS
OVER A SERIES OF YEARS

YEAR	NOTIFICATIONS	DEATHS
1950	152	160
1955	91	55
1960	51	26
1965	28	12
1970	25	5
1971	16	9
1972	18	5(9)

TABLE E

The discovery rates for pulmonary tuberculosis and tuberculosis in other forms per 1,000 population for the 5 year period 1968 to 1972 are shown below.

RACE	Pulmonary tuberculosis					Tuberculosis, other forms				
	1968	1969	1970	1971	1972	1968	1969	1970	1971	1972
White	0,33	0,34	0,31	0,33	0,22	0,06	0,03	0,03	0,03	0,03
Coloured	2,30	2,03	2,07	1,67	1,61	0,32	0,28	0,43	0,44	0,39
Bantu	9,01	7,61	7,75	7,76	7,47	0,54	0,84	1,14	1,78	1,90
Asiatic	0,45	0,66	0,96	0,52	0,02		0,11	0,21		0,10
Non-White	3,43	3,03	3,07	2,78	2,62	0,36	0,38	0,55	0,68	0,65
All races	2,47	2,17	2,20	1,99	1,86	0,26	0,27	0,39	0,47	0,45

DEATHS

The death rates per 1,000 population from pulmonary and non-pulmonary tuberculosis (corrected) are shown below for each racial group during the past 5 years:—

TABLE F

RACE	Pulmonary tuberculosis					Tuberculosis, other forms				
	1968	1969	1970	1971	1972	1968	1969	1970	1971	1972
White	0,04	0,03	0,04	0,02	0,05		0,00	0,01		
Coloured	0,30	0,32	0,28	0,22	0,26	0,04	0,03	0,02	0,03	0,02
Bantu	0,80	0,81	0,85	0,75	0,92	0,10	0,18	0,09	0,05	0,08
Asiatic	0,34	0,11	0,32	0,10	0,30					
Non-White	0,45	0,40	0,38	0,31	0,38	0,05	0,05	0,03	0,03	0,03
All races	0,28	0,29	0,28	0,22	0,27	0,03	0,04	0,02	0,02	0,02

The death rates per 1,000 of the population from all forms of tuberculosis (corrected) are shown in the following table:—

TABLE G

	Death rate per 1,000 population		
	White	Non-White	All races
5 years ended 30th June, 1946	0,72	6,06	3,45
5 " " " " 1951	0,57	4,51	2,71
5 " " 31st Dec., 1955	0,20	1,70	1,09
5 " " " " 1961	0,16	0,71	0,50
5 " " " " 1966	0,08	0,49	0,34
5 " " " " 1971	0,04	0,43	0,30
5 " " " " 1972	0,04	0,41	0,29
Calendar year 1968	0,04	0,44	0,31
" " 1969	0,04	0,46	0,32
" " 1970	0,05	0,41	0,28
" " 1971	0,02	0,35	0,24
" " 1972	0,05	0,41	0,29

ANTI-TUBERCULOSIS CENTRES

TABLE H

	New Consultations			Total Attendances		
	1970	1971	1972	1970	1971	1972
Cape Town:						
White	1 008	833	607	3 674	3 083	2 664
Non-White	2 476	1 892	1 586	11 234	9 906	9 316
Total	3 484	2 725	2 193	14 908	12 989	11 980
Wynberg:						
White	414	404	417	1 192	1 160	1 201
Non-White	1 565	1 719	1 716	8 094	8 518	8 701
Total	1 979	2 123	2 133	9 286	9 678	9 902
Kensington:						
White						
Non-White	926	824	837	5 668	5 127	5 140
Total	926	824	837	5 668	5 127	5 140
Athlone:						
White						
Non-White	944	850	1 128	4 657	4 369	5 079
Total	944	850	1 128	4 657	4 369	5 079
Silvertown:						
White				5		
Non-White	1 954	1 828	1 960	12 501	12 784	13 104
Total	1 954	1 828	1 960	12 506	12 784	13 104
Langa:						
Bantu	1 254	1 197	1 231	8 470	9 220	8 791
Guguletu:						
Bantu	2 041	2 002	1 931	15 907	16 368	15 992
Total:						
White	1 422	1 237	1 024	4 871	4 243	3 865
Non-White	11 160	10 312	10 389	66 531	66 292	69 988
Total	12 582	11 549	11 413	71 402	70 535	73 853

The central clinic established at Chapel Street attracted fewer patients due to the continued depopulation of the area in connection with the redevelopment of District Six.

An increase in attendances at the Athlone centre is due to the establishment of a Coloured housing estate in the vicinity and the appointment of full-time coloured nursing staff for the area.

Number of sessions:

Cape Town	266
Wynberg	199
Athlone	100
Kensington	102
Silvertown	185
Langa	147
Guguletu	198
Total	1 197

Considerable difficulty in obtaining medical staff was encountered during the year but despite a reduction in the number of sessions held from 1299 in 1971 to 1197 in 1972 (8%) the attendances nevertheless increased by 4% over the previous year.

The primary consultations at the clinics during the year are classified in Table I below:-

TABLE I

Persons attending for first time	White					Non-White					
	Adults		Children		Total	Adults		Children		Total	All races
	M.	F.	M.	F.		M.	F.	M.	F.		
Notified: Accepted Observation Not accepted Total	23 23	12 12	1 1	1 1	37 37	242 242	119 119	60 60	54 54	475 475	512 512
Contacts: Notified Observation Non-tuberculous Total	1 113 114	1 192 193	1 89 90	1 87 88	4 481 485	30 719 749	36 1304 1340	82 1115 1197	77 1360 1437	225 4498 4723	229 4979 5208
Suspects: Notified Observation Non-tuberculous Total	16 108 124	4 248 252	 62 62	 64 64	20 482 502	579 1667 2246	117 1445 1562	129 593 722	94 507 601	979 4212 5191	999 4694 5693
TOTAL	261	457	153	153	1024	3237	3021	1979	2092	10389	11413

There was an increase in primary consultations of 11% over the previous year.

TABLE J

AMBULATORY INJECTIONS - CLINICS

	1968	1969	1970	1971	1972
Cape Town:					
White	530	647	849	915	905
Non-White	4 444	3 489	2 821	2 904	4 324
Total	4 974	4 136	3 670	3 819	5 229
Wynberg:					
White	432	120	246	530	1 188
Non-White	2 617	1 550	1 710	1 524	2 548
Total	3 049	1 670	1 956	2 054	3 736
Kensington:					
White					
Non-White	3 560	2 860	3 816	2 568	2 853
Total	3 560	2 860	3 816	2 568	2 853
Athlone:					
White					
Non-White	2 215	1 932	2 048	1 362	2 586
Total	2 215	1 932	2 048	1 362	2 586
Silvertown:					
White					
Non-White	2 859	3 720	1 866	2 558	2 985
Total	2 859	3 720	1 866	2 558	2 985
Langa:					
Bantu	5 879	6 784	6 962	10 050	12 843
Guguletu:					
Bantu	18 277	14 143	12 207	16 787	15 433
Total:					
White	962	767	1 095	1 445	2 093
Non-White	39 851	34 478	31 430	39 198	43 672
Total	40 813	35 245	32 525	40 643	45 765

Those cases treated with streptomycin at the clinics on an ambulatory basis resulted in a total of 45 765 injections being given during the year. This number of injections represents an increase of 12,6% over 1971 and is, in the main, due to the large number of cases now receiving their entire treatment as out-patients.

Two nurses are employed full-time on domiciliary treatment and in 1972 gave a total of 16 574 injections.

MOBILE X RAY UNIT

The mobile 100 mm X-ray has continued to work to capacity throughout the year and the following gives the comparative figures for the years 1970-1972.

1970	White	1,232	non-White	20,419	Total	21,651
1971	White	1,129	non-White	20,099	Total	21,228
1972	White	1,162	non-White	20,759	Total	21,921

SCREENINGS

TABLE K

CENTRE	Whites		Non-Whites		Total
	Males	Females	Males	Females	Persons
Chapel Street	569	704	1 895	1 603	4 771
Wynberg	219	294	1 426	1 605	3 544
Kensington	—	—	830	873	1 703
Athlone	—	—	834	809	1 643
Langa	—	—	1 012	326	1 338
TOTAL	788	998	5 997	5 216	12 999

SOURCES OF NOTIFICATION

The sources of notifications (all forms) received during the year (including imported infections i.e. those now resident in Cape Town and known to have contracted the disease before arrival,) were as follows:—

TABLE L

Private practitioners	247
General hospitals and other institutions	1 048
City Health Department branches	911
Other local authorities	57
	<u>2 263</u>

The figure of 2 263 total notifications compares with 2 321 in 1971 and 2 307 in 1970.

The following table gives an arbitrary analysis of all primary notifications showing the degree and reasons for the failure to attend the clinics.

TABLE M

	Cape Town	Imported Infection	Langa	Guguletu	Outside Cape Town	Total
Attended clinic	799	480	278	430	1	1 988
Failed to attend	126	43	45	62	304	580
	925	523	323	492	305	2 568
Failure to attend clinics:						
In hospital	84	39	31	47	304	505
Hospital out-patients	17		1	2		20
Too ill						
Died before notification	3			2		5
First advice through death registration	7					7
Refusals	9			4		13
Under private care						
Untraceable or decamped on notification	6	4	13	7		30
	126	43	45	62	304	580

TABLE N

Period	Total Cape Town cases notified	Bedfast on notification	Percentage of total cases	Dead on notification	Percentage of total cases notified
1970	1 799	3	0,2	36	2,0
1971	1 816	2	0,1	35	1,9
1972	1 740	—	—	12	0,7

HOSPITALIZATION

TABLE O

	Urban		Langa	Guguletu	* Outside Cape Town cases
	Local	Imported infection			
New pulmonary cases notified during the year	755	358	288	356	283
Known to have had T.B. positive sputum	405	154	145	177	142
New pulmonary cases admitted to institutions for treatment of tuberculosis	413	173	139	240	282
Proportion of new cases admitted	55%	48%	48%	67%	100%
Died before receipt of notification	9			2	
Died within 6 months of notification	35	2	9	14	32

* Outside Cape Town cases — cases admitted to the City Hospital or other hospitals from outside the municipal area.

PULMONARY CASES TREATED BUT NOT ADMITTED TO HOSPITAL

	Local	Imported Infection	Langa	Guguletu	Outside Cape Town cases
Male	205	209	122	73	1
Female	118	70	15	38	—

A further 187 first positive sputa were obtained from patients notified in previous years.

As will be seen from the above table, 48% of all new notifications were treated on a domiciliary or ambulatory basis and this figure does not include those who left hospital before completing treatment and continued treatment as out-patients.

The total number of cases of pulmonary tuberculosis admitted or re-admitted to institutions during the year was 1810 compared with 1826 last year.

These were distributed as follows:—

TABLE P

	White		Non-White		Total
	Males	Females	Males	Females	
City Hospital, Cape Town	64	31	70	359	524
Brooklyn Chest Hospital	—	—	810	58	868
Other institutions (Cape Town cases)	—	—	263	147	410

During the year, 1800 contact children received B.C.G. vaccination by the percutaneous method compared with 2201 in 1971.

All those given B.C.G. were negative Mantoux reactors.

TUBERCULOSIS REGISTER

The total number of persons known by the Department to be suffering from tuberculosis and to be living in the Cape Town Municipal area on 31st December, 1972 is given below.

TABLE Q

DISTRICT (not Wards)	Pulmonary			Non-pulmonary (chiefly bones and joints)			
	White	Coloured	Bantu	White	Coloured	Bantu	Total
Central city to Camps Bay	170	188	53	7	20		438
Old 'District Six' to Rosebank	103	465	67	8	20		663
Maitland, Brooklyn to Kensington	47	651	14		3	1	716
Athlone Areas	2	2 537	15		139		2 693
Rondebosch to Parkwood Estate	130	603	37	12	49	1	832
Plumstead to Clovelly	19	889	11	1	7		927
Langa			896			102	998
Guguletu			2 912			53	2 965

CARE COMMITTEE FOR TUBERCULOSIS PATIENTS

The voluntary Care Committee works in close co-operation with the City Health Department. Accommodation for the almoner is provided at the central municipal anti-tuberculosis centre. Her salary and transport allowance is defrayed by the Local Authority.

The number of families assisted by monetary grants was 1 050

The work done during the year is as follows:—

Families helped by payment of rent	87
" " maintenance grants	263
" " rent and maintenance grants	78
" " hospital grants	622
" " provision of clothing and blankets	48
No. of articles of clothing distributed	164
No. of blankets distributed	39

ALMONER:

Visits paid	695
Interviews given	1 856
New cases	556

The creche which is under control of the Care Committee for Tuberculous patients accepts the children of tuberculous parents who, although showing no signs of active pulmonary disease, have been exposed to infection.

These children are kept in healthy surroundings and given health education while the parents are undergoing treatment or when the child's mother is obliged to go out to work to augment the family income because of the father's illness.

The SANTA day creche at Athlone, which is financed and run by the Cape Provincial Tuberculosis Council, provides accommodation for 55 infants and children ranging in age from six months to school going age. The department and the public owe a considerable debt of gratitude to the Cape Province Tuberculosis Council for the preventive work which is being carried on so successfully in this institution.

MASS RADIOGRAPHY SERVICES

The mass X-ray unit situated at Chapel Street functioned efficiently throughout the year although attendances dropped from 70 896 in 1971 to 65 349 in 1972 (7,8%). Despite the fall in the number of examinations conducted the total cases discovered among local residents rose from 179 to 232 representing an increase of 30%.

Owing to the fact that industry has continued to move away from the Chapel Street area, increasing difficulties have been experienced in obtaining the co-operation of firms who have either abandoned regular mass X-ray surveys or arranged them at less frequent intervals. This could well account for the larger number of cases discovered and the position will have to be carefully assessed in the future. Moreover the greater number of deaths could well be the result of discovery of cases later than would have been so had mass radiography been carried out at regular intervals.

Comparative figures for miniature examinations are shown below according to race and sex.

TABLE R

Period	White		Non-White		Total
	Males	Females	Males	Females	
Year 1969	12 246	6 090	31 577	21 704	71 617
" 1970	10 652	5 900	29 905	21 865	68 322
" 1971	10 164	5 862	33 086	21 784	70 896
" 1972	9 551	5 792	28 245	21 761	65 349

In addition to the 65 349 miniature film examinations made during the year, 1 331 100 mm. films were taken as compared with 1 270 in the previous year.

1 427 of those X-rayed were recalled for further examination. Of this number 232 were found to be suffering from active tuberculosis, compared with 179 in the previous year. This represents 0,4 per cent of the 65 349 miniature films examined.

Comparative figures for the incidence of active pulmonary tuberculosis discovered in the various age groups are given in the following table for a series of years.

TABLE S

Year Race		Active tuberculosis discovered										Extra municipal cases (included in foregoing)	
		15 - 24		Age-Groups				45 +		Total			
				M.	F.	M.	F.					M.	F.
1970	White	1		4	2	2		3	1	10	3	4	2
	Non-White	30	26	65	19	48	8	48	4	191	57	29	7
	All races	31	26	69	21	50	8	51	5	201	60	33	9
1971	White	1	2	2				1		4	2	1	
	Non-White	20	24	35	18	29	10	33	4	117	56	30	6
	All races	21	26	37	18	29	10	34	4	121	58	31	6
1972	White	1	2	3	1	1	1	3	1	8	5	3	
	Non-White	31	21	42	16	46	6	52	5	171	48	22	2
	All races	32	23	45	17	47	7	55	6	179	53	25	2

Of the 232 cases of pulmonary tuberculosis discovered, 65 were previously known. As in the past many of these new cases denied having any symptoms.

In the year under review, 27 extra-municipal cases of tuberculosis were discovered compared with 37 in the previous year. All were notified and referred to their own local authority for treatment and supervision.

A clinic is also held for those cases diagnosed in the first instance by mass X-ray but which on further radiological and other examinations prove not to be pulmonary tuberculosis. A total of 632 such cases were handled many of whom were sent to the pulmonary units of a general hospital for further investigation and treatment.

LANGA MASS X-RAY

The mass radiography unit at Langa, installed in 1967, is used to examine all Bantu work seekers on arrival in Cape Town.

During the year 23 694 persons were examined as compared with 25 208 in 1971. This represents a decrease of 6 per cent. The number of new cases discovered rose by 19,3 per cent.

Particulars shown in the following table indicate the scope of the work:—

TABLE T

	1970	1971	1972
Persons examined	21 656	25 205	23 694
Recalled for further examination	882	675	683
New cases discovered	192	212	253
Old cases previously known	126	108	160
Particulars of those recalled for further examination.			
Old cases allowed to work under treatment	23	96	141
New cases allowed to work under treatment	113	133	106
Old cases unfit for work	66	12	23
New cases unfit for work	114	80	144
Cases found free of tubercle	170	189	255
Cases under observation	6	15	11
Cases under investigation	31	2	3

Despite the fact that a large number of those X-rayed returned from the homelands for a further contract period in Cape Town the increasing number of new cases notified indicates the large reservoir of pulmonary tuberculosis existing in the Transkei particularly amongst adult working males.

SECTION VII – VENEREAL DISEASE

DR. A.J. WILSON, VENEREAL DISEASE OFFICER

The year under review shows an increase of 2 005 new cases attending the municipal treatment centres compared with the previous year.

New White cases totalled 476 as against 361 and non-White cases amounted to 12 695 as against 10 805.

Total attendances numbered 33 517 (1 487 White and 32 030 non-White) compared with 30 881 for 1971 and 29 103 for 1970.

New cases of syphilis increased by 59 an increase of 32 for Whites and an increase of 27 for non-Whites, while 29 cases of congenital syphilis occurred as against 24 the previous year.

TABLE I

	1971		1972	
	New cases	Incidence rate	New cases	Incidence rate
RACE:				
White	361	1,5	476	2,0
Non-White	10 805	21,6	12 695	24,7
SEX:				
Male	7 612	20,8	9 813	26,3
Female	3 554	9,6	3 358	8,9
DISEASES:				
Syphilis	3 462	4,7	3 521	4,7
Syphilis, congenital	24	0,0	29	0,0
Gonorrhoea	6 313	8,6	8 098	10,8
Other Venereal diseases	196	0,3	234	0,3
Non-venereal diseases	1 102		1 265	
Undiagnosed	69		24	
All new cases	11 166	15,2	13 171	17,5

The true incidence rate for diagnosed cases of venereal disease, that is, the rate obtained by omitting those cases found not to have venereal disease and those remaining undiagnosed, was 15,8 per 1 000 population (1,6 White and 22,4 non-White). Last year the true incidence rates were 13,6 (1,3 and 19,4 respectively.)

As venereal disease is not, except under certain specific circumstances, one of the notifiable infectious diseases, it should be realised that these rates are based on the number of individuals treated for venereal disease at the municipal treatment centres and take no cognisance of persons who might be treated by their family practitioners.

TABLE II

Year	Total new cases *	Population (including Bantu Townships)	Incidence rate per 1 000 population
1940	4 212	322 813	13,1
1950	4 461	424 207	10,5
1955	3 208	490 992	6,5
1960	3 227	519 171	6,2
1965	6 327	610 010	10,4
1970	8 963	694 230	12,9
1971	9 995	735 760	13,6
1972	11 882	752 460	15,8

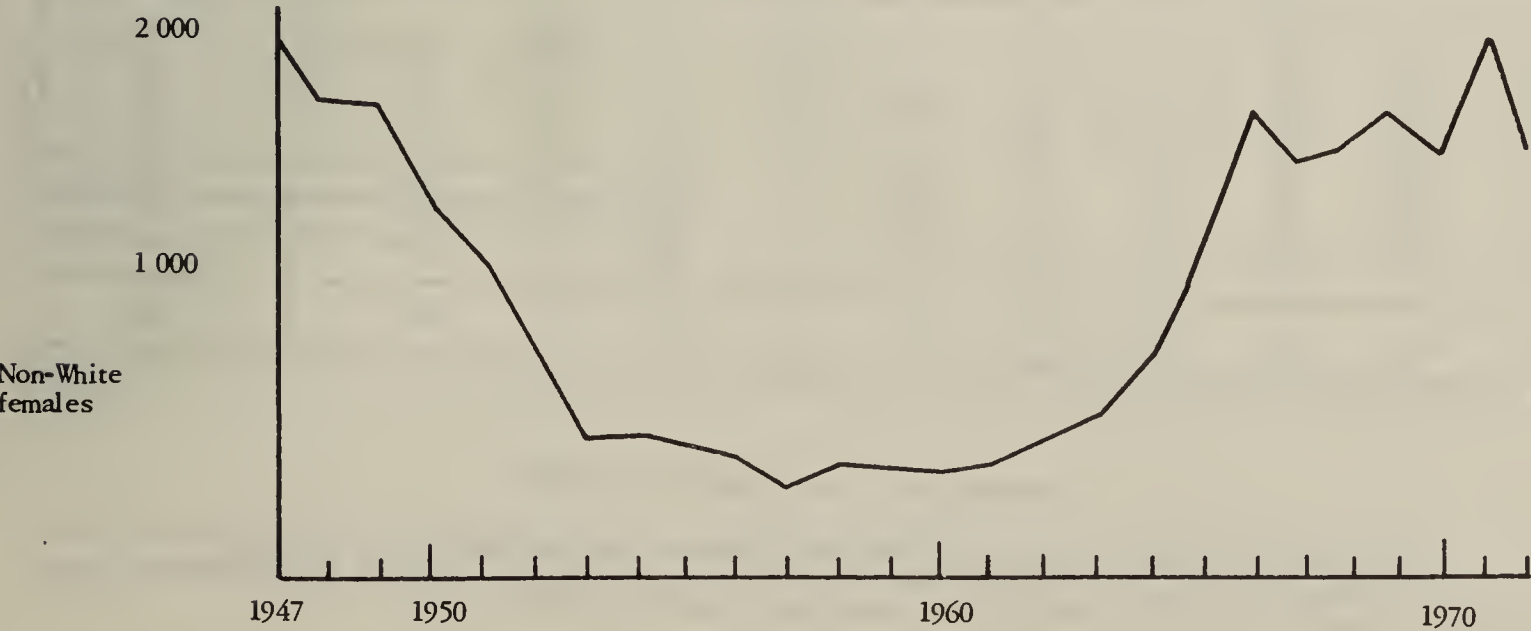
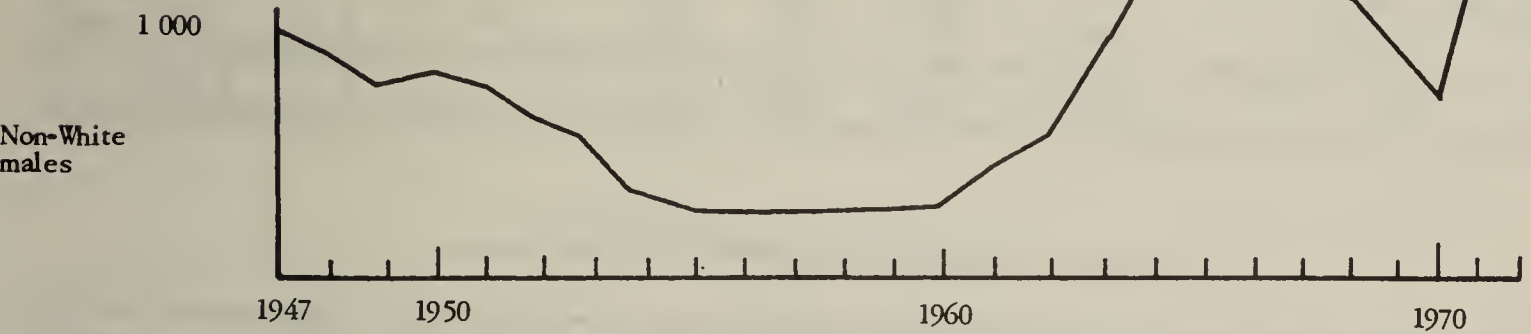
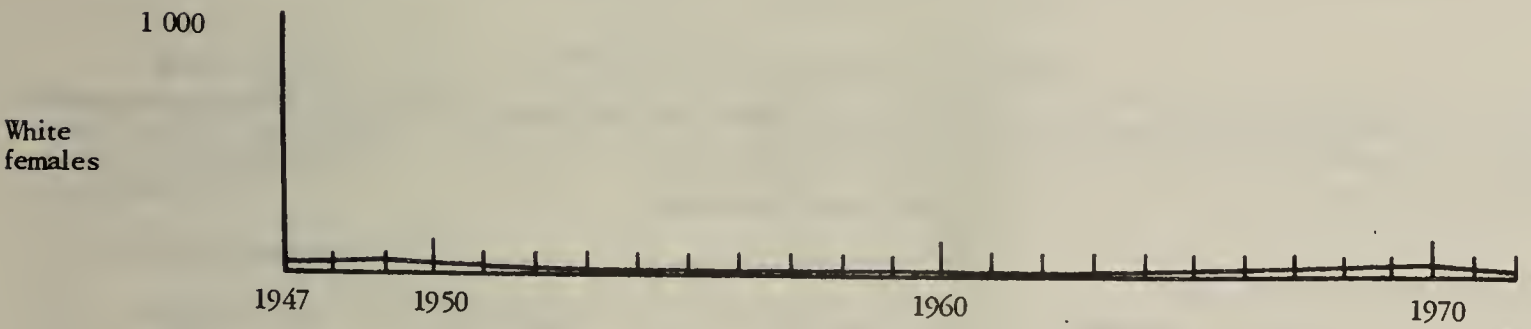
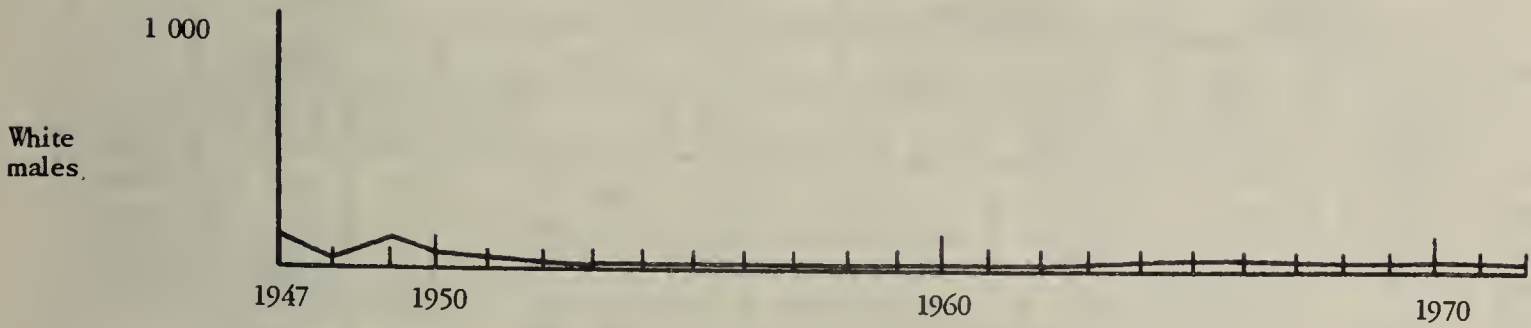
* Excluding non-venereal and undiagnosed cases.

TABLE III

Diseases	New cases					Total attendances				
	White		Non-White		Total	White		Non-White		Total
	M.	F.	M.	F.		M.	F.	M.	F.	
1 Seronegative primary Syphilis	32	5	336	40	413	140	30	864	152	1 186
2 Seropositive primary Syphilis	29	2	733	120	884	168	11	1 934	482	2 595
3 Secondary Syphilis	9	2	191	278	480	64	13	520	1 356	1 953
4 Tertiary Syphilis		1	4	9	14		6	25	64	95
5 Latent Syphilis (1)	11	8	192	1 503	1 714	71	41	844	7 554	8 510
6 Neurosyphilis			10	6	16			66	59	125
7 Congenital Syphilis (under one year)			12	9	21			62	44	106
8 Congenital Syphilis (over one year)	1		3	4	8	9		5	19	33
Total (Syphilitic infections)	82	18	1 481	1 969	3 550	452	101	4 320	9 730	14 603
9 Gonorrhoea	180	26	7 378	488	8 072	412	55	11 940	1 173	13 580
10 Gonococcal vulvo-vaginitis		1		15	16		3		36	39
11 Gonococcal ophthalmia				10	10				20	20
Total (Gonorrhoeal infections)	180	27	7 378	513	8 098	412	58	11 940	1 229	13 639
12 Ulcos molle			6	3	9			8	4	12
13 Lymphogranuloma venereum									6	6
14 Granuloma Inguinale								1		1
15 Venereal warts	9		58	30	97	20		147	117	284
16 Non-specific urethritis	57	3	60	7	127	154	5	180	8	347
16 a Reiters syndrome	1				1	1				1
Total (Other venereal diseases)	67	3	124	40	234	175	5	336	135	651
17 Non-venereal	64	30	419	752	1 265	108	62	954	2 117	3 241
18 Undiagnosed	5		13	6	24	90	24	703	566	1 383
Grand Total	398	78	9 415	3 280	13 171	1 237	250	18 253	13 777	33 517

(1) Diagnosed on result of serological test alone.

INCIDENCE OF SYPHILIS



The following table shows the number of new cases of venereal disease attending the centres:

TABLE IV

Year	New cases																Total
	Syphilis congenital				Syphilis other forms				Gonorrhoeal infections				Other venereal diseases				
	W.		N-W.		W.		N-W.		W.		N-W.		W.		N-W.		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
1945	2	11	120	263	93	51	758	1 353	191	31	528	123	8	1	51	7	3 591
1950	5	5	149	338	96	25	809	1 479	167	12	1 141	146	15		61	13	4 461
1955	1		5	45	15	12	290	506	175	12	1 840	90	53	1	111	52	3 208
1960	1		9	6	18	8	291	419	180	4	2 109	144	2		31	5	3 227
1965		2	53	54	62	15	1 251	1 271	221	21	3 028	253	15		50	31	5 327
1970			13	8	57	26	674	1 779	202	17	5 692	382	27	2	64	20	8 963
1971			10	14	56	12	1 264	2 130	165	24	5 672	452	41	1	111	43	9 995
1972	1		15	13	81	18	1 466	1 956	180	27	7 378	513	67	3	124	40	11 882

INCIDENCE AMONG TEEN-AGERS

The following figures, extracted from Table III, give some indication of the extent of venereal disease among teen-agers.

New Cases, teen-agers

		Syphilis 1 – 8	Gonorrhoea 9 – 11	Other venereal diseases 12 – 16	Total
White	Males	6	15	1	22
	Females	3	6		9
Non-White	Males	203	455	14	672
	Females	286	93	18	397
Total		498	569	33	1 100

These new cases are classified by age as follows:—

Age in years	White		Non-White		Total
	Male	Female	Male	Female	
13			1	6	7
14			5	11	16
15			18	16	34
16	1		53	53	107
17	3	3	109	89	204
18	6	3	222	113	344
19	12	3	264	109	388
Total	22	9	672	397	1 100

MUNICIPAL TREATMENT CENTRES

Six municipal treatment centres now function for free advice and treatment of venereal disease, i.e. at the City Infectious Diseases Hospital, Salt River, Wynberg, Kensington, Guguletu and Silvertown. During the year 21 medical sessions (5 White and 16 non-White) were held each week.

Table V shows the number of new cases (including non-venereal) registered at the various municipal treatment centres, together with the number of attendances or consultations held. It should be noted that male and female sessions for White and non-White are held at the City Hospital and Wynberg centres, male and female sessions for non-Whites only at Salt River, male and female sessions for non-Whites only at Kensington and female sessions for non-Whites only at Guguletu and Silvertown.

TABLE V

Centre	Sessions	New cases	Attendances
City Hospital, Portswood Road	342	1 529	4 221
Salt River	277	7 691	15 697
Wynberg	278	2 066	5 596
Kensington	51	103	453
Guguletu	50	437	1 599
Silvertown	51	447	1 861
Pre-natal clinics (at child welfare centres)		898	4 090
TOTAL	1 049	13 171	33 517

VENEREAL DISEASE CONTACTS

Where definite information regarding contacts can be supplied, the patient is requested to persuade the contact to attend the clinic with an identification slip provided for the purpose. During the year, 484 such persons responded as shown below. This compares with the figure of 472 the previous year. The number of 11 882 new cases registered leaves a balance of unknown reservoirs of infection which is quite formidable.

TABLE VI

Contact	Total	Syphilis	Gonorrhoea	Other venereal diseases	Unresolved
Husband	19	15	3	1	
Wife	218	41	172	5	
Friend	246	71	172	3	
Other	1	1			
TOTAL	484	128	347	9	—

PATHOLOGICAL EXAMINATION

In order to establish an early diagnosis, microscopic examinations of sores and discharges are carried out at all clinic sessions. The number of such examinations during the year was as follows:—

TABLE VII

	Positive	Negative	Total
Number of dark-ground examinations for Sp. Pall	993	58	1 051
Number of smear examinations for gonococci	1 734	90	1 824

In addition 5 885 blood specimens and 163 smears were sent to the Government laboratory for examination.

SECTION VIII – CITY HOSPITALS

DR. R.J. COOGAN. MEDICAL SUPERINTENDENT

The city group of hospitals consists of the following institutions:–

- (1) The City Hospital for Infectious Disease in Portswood Road, Cape Town.
- (2) The Brooklyn Hospital for Chest Diseases off Koeberg Road, Brooklyn.

CITY HOSPITAL FOR INFECTIOUS DISEASES, PORTSWOOD ROAD.

This hospital can provide accommodation for 518 patients. Persons diagnosed as suffering from any of the notifiable infectious diseases are admitted to and isolated in this institution. Cases of other non-notifiable infectious diseases where special medical and social reasons demand it are also admitted to this institution.

Accommodation is also provided for White male and female and non-White female sufferers from pulmonary tuberculosis. The clinical infectious material in this institution is available for the practical training of medical students from the Universities of Cape Town and Stellenbosch. Graduate nurses are also trained in all aspects of infectious disease nursing at the hospital and are awarded a certificate of competency after six months of satisfactory attendance.

The medical staff at the 31st December, 1972 consisted of the Medical Superintendent, Deputy Medical Superintendent and six medical officers.

HOSPITAL STATISTICS

The daily average number of beds occupied in the City Hospital, Portswood Road, and Brooklyn Hospital in the year under report was as follows:–

Disease	From Cape Town Municipality		From outside Municipality	
	White	Non-White	White	Non-White
Measles	0,7	18,9	0,3	13,0
Acute poliomyelitis		0,8		1,5
Cerebrospinal fever	0,4	2,7	0,2	2,5
Diphtheria		0,3	0,1	0,7
Enteric fever	0,1	1,9	0,4	0,9
Scarlet fever	0,1	0,1	0,1	0,0
Whooping cough	0,2	0,7		1,1
Tuberculosis, pulmonary	10,3	386,2	12,0	92,5
Tuberculosis, other forms		12,3		6,8
Other diseases	0,6	3,0	0,9	2,1
TOTAL	12,3	426,8	14,0	121,2

The average daily number of patients in the hospital was 268.

	White		Non-White		Total
	M.	F.	M.	F.	
Patients in hospital 31st December, 1971	26	18	57	149	250
Admitted	109	81	525	818	1 533
Discharged	113	92	489	745	1 439
Died	5	1	13	47	66
In hospital 31st December, 1972	17	6	80	175	278

AGE GROUPING OF PATIENTS

	Under 5 years	5 – 14 years	15 – 24 years	25 – 44 years	Over 45 years	TOTAL
White	47	19	40	45	82	233
Non-White	955	142	164	199	90	1 550
TOTAL	1 002	161	204	244	172	1 783

X-RAY DEPARTMENT AND CLINICAL ROOM

This department is available not only for in-patients but also for out-patients from this and other hospitals, and for cases referred from the tuberculosis clinics.

	White	Non-White	TOTAL
Attendances			
CLINICAL ROOM:			
Surgical consultations	1	193	194
Mantoux tests	68	103	171
Schick tests	34	63	97
Special injections (bronchograms)	—	—	—
Other injections and examinations	177	749	926
X-RAY DEPARTMENT:			
X-Rays	1 423	5 839	7 262
Bronchograms	—	7	7
Tomograms	23	24	47
Special X-Rays	13	12	25
Dental	3	127	130
CCC Patients	5	8	13
CDC Patients	368	930	1 298

OPERATING THEATRE

The operations performed during the year were as follows:—

Bronchoscopy	1
Manipulation under G.A.	1

DENTAL TREATMENT

The dental officer attends periodically and provides dental attention for tuberculous in-patients.

During the year under report 152 patients attended for dental treatment. Further details are shown in the table on page

BROOKLYN HOSPITAL FOR CHEST DISEASES

This hospital is dependent on the City Hospital for dispensary services only. The total number of beds available is 330, and the hospital caters for non-White males only, except in the surgical ward where there are 11 beds for non-White females and 11 beds for non-White males.

The medical staff as at 31st December, 1972, consisted of the medical superintendent and 5 medical officers.

The position of medical superintendent was vacant until October and the work until then was carried out by Dr. R.J. Coogan. In October, Dr. T.J. Malherbe was appointed medical superintendent.

The average daily number of in-patients during the year was 306.

Patients treated in Brooklyn Chest Hospital during the year were as follows:—

NON-WHITES ONLY			
	Males	Females	Total
In hospital 31st December, 1971	288	1	289
Admitted	813	58	871
Discharged	720	55	775
Died	85	4	89
Remaining in hospital at end of year	296	—	296

EXAMINATIONS AND TREATMENT				
	Staff	In-patients	Out-patients	Total
Examinations	131			131
Sick parade	625			625
Mantoux tests	81			81
Aspirations		87		87
Special injections	34	34		68
Lumbar puncture		14		14
Intubations		31		31
Paracentesis of abdomen		2		2
Pleural Biopsy		4		4
Blood sedimentation		9		9
Dental Extractions		45		45
Massive cold abscess		1		1
Urethral Dilatations		1		1
Cisternal Puncture		18		18
Nasal Sinus	3			3

X-RAY DEPARTMENT

	Skia-grams	Broncho-grams	Tomo-grams	Ortho-paedic	Special Examinations
Staff	740		4	42	1
In-patients	3 855	34	35	138	31
Out-patients	18		1		
Other hospital patients	503		2	4	

DENTAL TREATMENT

	New Cases	Extractions	Other	Total
Adults	120	56	95	151
Children	9	6	7	13
Sessions				7

THE LAUNDRY

The laundry caters for both the City and Brooklyn Hospitals, as well as all C.C.C. clinics.

QUARTERLY FIGURES	ARTICLES	BAGS
1st Quarter	258 944	4 278
2nd Quarter	272 425	4 498
3rd Quarter	273 090	4 280
4th Quarter	294 717	4 611
	1 099 176	17 667

OPERATING THEATRE

Major Thoracic.	
Pneumonectomy	10
Lobectomy	16
Decortications	17
Minor Thoracic.	
Bronchoscopy	40
Various	19
Major general	32
Minor general	14
Orthopaedic	10
Urological	20

AMBULANCE AND DISINFECTING STATION

This is situated in the grounds of the City Hospital, Portswood Road. There is garage accommodation, in which are housed (besides other departmental cars) three ambulances for the removal of cases of infectious disease, two vans for the transport of infectious and disinfected bedding, and two vans for the distribution of supplies to the municipal hospitals and clinics.

The disinfecting station contains two Washington-Lyon pressure steam disinfectors and a formalin-fumigating chamber.

The ambulance and disinfecting service is staffed by the ambulance officer, disinfection officer, five motor drivers and two labourers. This staff is also responsible for the disinfecting of houses and other premises for infectious diseases and other conditions. A fitter, assisted by a boiler attendant and labourer, is in charge of the disinfection station. The disinfection of bedding, etc. for both the hospitals is also done at the disinfecting station. The general ambulance service for the Cape Peninsula is operated by the Town Clerk on behalf of the Cape Provincial Administration.

The work done during the year by the infectious ambulance and disinfecting service is indicated by the following figures:-

Ambulance journeys (return)		Premises disinfected	
To City Hospital	To other hospitals or premises	For Tuberculosis	For other infectious diseases
1 277	521	666	423

2 541 patients were conveyed in the three departmental ambulances, involving a total distance of 60 402 km (37 532 miles).

The distance covered during the year by the vans was 116 031 km (72 098 miles).

CLEANSING STATION
(SCABIES AND PEDICULOSIS)

The cleansing station at 15 Cowley Street, Cape Town, is provided for the disinfection of verminous persons and their clothing. It is in the charge of a superintendent, who works under the supervision of a medical officer, and has two non-White assistants. The work consists mainly of the treatment of scabies, pediculosis and impetigo.

The attendances in the year under report were as follows:-

Persons	First attendances						Total attendances					
	Sca- bies	Impe- tigo	Body lice	Ring worm	Head lice	Total	Sca- bies	Impe- tigo	Body lice	Ring worm	Head lice	Total
Children under 16 years of age												
White boys		2	4		12	18		6			13	19
White girls		4			50	54		4			56	60
Non-White boys	283	436			8	727	301	616			8	925
Non-White girls	244	625			70	939	273	872			73	1 218
Total children	527	1 067	4		140	1 738	574	1 498			150	2 222
Adults:												
White males			1		1	2			1		1	2
White females		1			1	2		1			1	2
Non-White males	32	17	4			53	32	17	4			53
Non-White females	70	12	1		6	89	70	12	1		6	89
Total Adults	102	30	6		8	146	102	30	6		8	146
Total persons:												
White		7	5		64	76		11	1		71	83
Non-White	629	1 090	5		84	1 808	676	1 517	5		87	2 285
All races	629	1 097	10		148	1 884	676	1 528	6		158	2 368

The Cleansing Station only covers the local area of District Six, Woodstock, Salt River and Observatory, but scabies is also treated where necessary at the child welfare centres in other areas.

SECTION IX – ENVIRONMENTAL SANITATION

ESTABLISHMENT

On 31st December, 1972 the staff of health inspectors was as follows:—

	Authorised	Actual
Chief Health Inspector	1	1
Senior assistant chief health inspector	1	1
Assistant chief health inspector	1	1
Divisional health inspectors	5	5
Health inspectors (White)	34	25
Health inspectors (Coloured)	6	6
Health inspectors (Bantu)	3	3
Learner health inspectors	14	7
Dairy inspectors	3	3
Plans scrutiny and Pest control inspectors	4	4
	<u>72</u>	<u>56</u>

The staff position showed no improvement – in fact there has been a nett loss of 3 White health inspectors during the year. One White health inspector's post was converted to a Coloured post and this was filled during the year.

The Senior Assistant Chief Health Inspector Mr. J. Freeland retired on superannuation on 26th July, 1972 and was succeeded by Mr. C.J. Naus, the Assistant Chief Health Inspector.

SCOPE OF WORK

The work carried out by the various sections of the inspectorate branch are set out in the schedules which follow.

DIVISIONAL HEALTH INSPECTORS

Owing to the ribbon development of the city, it became necessary many years ago to divide the municipality for environmental control purposes into 5 divisions, each division falling under the control of a divisional health inspector. Apart from the general environmental responsibility for their district and the junior staff attached to such divisions, they are also responsible for food sampling in their area in terms of the Food, Drugs and Disinfectants Act No. 13 of 1929.

The number of free samples that can be examined for the municipality by the Government Chemical Laboratory was increased from 776 to 1 086 by Government Notice No. 97 of the 21st January, 1972, with immediate effect. Sampling duty is undertaken by the five divisional inspectors plus eight senior health inspectors with transport allowance. It became necessary to increase the number of sampling officers in view of the increasing volume of work and the added responsibilities of the divisional health inspectors.

The following is a record of the samples taken during the year:—

Name of Samples	No. of Samples	Adulterated	Prosecuted	Warned	Not Guilty	Case with-drawn	Fines R
Milk	180	2		2			
Cream	87						
Mince Meat	204	8	8				355
Sausage	245	24	20	4			834
Polony	55	2	1	1	1		
Ice Cream	20	1		1			
Yoghourt	75						
Fresh meat	2						
Buttermilk	108						
Cheese	84						
Lard	1						
Dripping	5						
Orange juice	18						
Honey	1						
Apple juice	1						
Total	1 086	37	29	8	1		1 189

The above figures reflect a decrease of 11 in adulterated samples.

In addition to the foregoing, samples of water are taken fortnightly at thirty-two different test points within the water reticulation system of the municipal area.

These samples are submitted to the State Pathological Laboratory for Bacteriological Report, and serve as a double check on the sampling carried out by the Chemical Branch of the City Engineers Department.

PLANS SCRUTINY AND PEST CONTROL OFFICERS

PLANS

The two pest control officers seconded to the Building Survey Branch of the City Engineers Department, scrutinized 4 847 plans and minor works permits during 1972 compared with 5 343 in the previous year.

PEST CONTROL OFFICERS

The two pest control officers primarily responsible for the rodent, mosquito and cockroach control measures in the city are assisted by 26 Coloured rodent operatives, whose duties involve routine block-baiting with Warfarin and its derivatives for rodent control. In the year under review, 23 555 kg (51 820 lbs) of bait were laid.

The following schedule details the rodent control work carried out by this section during the year under review.

Inspections by pest control officers	5 824
Inspections re rodents by other inspectors	20
Inspections re mosquitos by other inspectors	372
Visits made to lands and premises by rat-catchers:	
Re rodents	62 258
Re mosquitoes	11 323
Number of notices served by pest control officers:	
Verbal	12
Written	30
Number of rodents caught and destroyed:	
Brown rats	7 019
Black rats	261
Gerbilles	—
Recovered after gassing operations	2 057

The figures given above as to rodents destroyed include only the number of animals whose dead bodies were actually recovered. There is no reason to doubt that many more were destroyed by the methods employed.

The rodents destroyed and recovered are shown in the following table:-

YEAR	Brown Rats	Black Rats	Gerbilles	Total
1970	8 422	511	1	10 417*
1971	7 087	336	29	8 807*
1972	7 019	261	—	9 337*

* Including those recovered after gassing operations.

The rapid building expansion that has and is taking place on what used to be wide open spaces is rapidly reducing the Gerbille population and anti-gerbille work is carried out only when and where necessary.

MOSQUITOES

The pest control officers also specialise in anti-mosquito work. They investigate local prevalence of mosquitoes discovered through complaints or systematic inspection. They also institute permanent anti-mosquito measures in the Black River, extending from the Bokmakierie Township to the Royal Observatory, as well as giving attention to seasonal collections of standing water and other known mosquito breeding foci within the municipal area. Four of the operators under their control devote the whole of their time to oil-spraying of waters where mosquitoes are likely to breed, including oil treatment of standing water at the sewage disposal works, Athlone.

I am happy to record that due to dredging operations of the Black River by the City Engineers' Department during the year, and improved access to the vegetation lining the banks, mosquito breeding in this region was minimal.

COCKROACHES

In addition to dealing with anti-rodent work and mosquito control, an increasingly important section of environmental sanitation has been the control of cockroaches in food establishments and foul and storm-water sewers.

These tasks are shared by the district health inspectors and the pest control officers. Where infestation is traced to the municipal sewers control measures are carried out by the City Engineer's Roads and Drainage staff.

Complaints of cockroach infestation are investigated jointly by the City Engineer's Department and this Department and appropriate action taken according to locality of any infestation discovered.

DISTRICT HEALTH INSPECTORS

The inspections recorded as made by the district health inspectors during the year were as follows:-

Aerated water factories	125
Bakehouses	771
Boarding houses and hotels	1 038
Chalets	7 051
Dairy Stables	2 235
Foodshops	28 076
Other shops	8 189
Hawkers	2 016
Horse stables and cattle premises	1 288
House inspections	18 704
Ice cream dealers	2 445
Infectious diseases	781
Markets	2 149
Milk shops	2 566
Bantu vaccinated	19 800
Office interviews	5 939
Open land, beaches	5 943
Places of entertainment	566
Refuse tips	216
Restaurants and cafes	9 642
Schools	164
Smoke and air pollution	703
Streets and lanes	2 252
Vehicles	5 186
Washhouses	527
Other visits	10 900
Total	139 272

PARTICULARS IN CONNECTION WITH VISITS RECORDED IN THE ABOVE INSPECTIONS

Visits to premises where action was taken in connection with rodent infestation	20
Visits at which premises were disinfected	137
Drain tests carried out	15

The notices served by health inspectors during the year under review are enumerated below:-

Verbal notices	202
Formal written notices	1 158
Total proceedings instituted	1 360

Written notices following verbal notices Nil

Total notices served

Verbal notices	202
Formal notices	1 251
TOTAL NOTICES SERVED	1 453

The number of items included in the 1 453 notices were as follows:-

	Drainage	Household	Business	Stable	Other	Total
Ward 1		6	3		2	11
Ward 2		13	5		2	20
Ward 3	3	22	10		12	47
Ward 4	1	40	13		17	71
Ward 5	3	39	21		12	75
Ward 6	1	18	48		8	75
Ward 7		2	18		5	25
Ward 8	4	81	43		13	141
Ward 9		25	18		16	59
Ward 10		62	47		20	129
Ward 11		11	6		3	20
Ward 12	2	48	79	1	33	163
Ward 13	1	47	20		47	115
Ward 14		38	20		19	77
Ward 15	1	39	39		23	102
Ward 16		25	54		37	116
Ward 17	2	43	64		94	203
Total	18	559	508	1	363	1 449

Other defects were dwelt with by the inspectors by reports for transmission to the City Engineer and other departments of the Corporation as follows:-

Stopped drains	257
Defective water fittings	7
Unauthorised structures	50
Undrained premises	10
Structural defects to premises	40
Other defects	49

MUNICIPAL WASHHOUSES

There are 5 washhouses in the municipal area namely at Hout St., Mowbray, Salt River, Claremont and Wynberg.

The attendances and takings at the washhouses(including ironing rooms) during the year were as follows:-

	Attendances	Money taken
Hout Street	5 455	R 844,44
Salt River	7 993	319,72
Mowbray	4 414	881,76
Claremont	8 377	1 548,56
Wynberg	24 014	960,56
	50 253	4 555,04

The apparent increase in attendances is accounted for by the fact that a new system of charges was introduced, whereby washing and ironing tickets previously sold on a half day or daily basis are now sold on an hourly basis.

CASES BEFORE THE MAGISTRATES

The following table gives particulars of cases heard by the magistrates during the calendar year at the instance of the City Health Department. In most of the cases there were two or more separate counts; the counts are not enumerated in the table. In some cases more than one person was summonsed for the same offence; if any one accused was fined or reprimanded, the case is recorded in the table accordingly, notwithstanding that the other accused may have been discharged.

Nature of Offence	Number of Cases						Total Fines R
	Total	Suspended sentence	Fined	Cau- tioned	Not Guilty	Withdrawn	
Dwelling-house premises in insanitary condition	6	4	1			1	40
Insanitary conditions or other offences at food premises.	2		2				150
Selling goodstuffs in contravention of the Food, Drugs and Disinfectants Act	21		20		1		1 189

SCHEDULE OF DEMOLITIONS

HOUSING ACT NO. 4 OF 1966.

UNDER SECTION 85 (1)

Applications for demolition, referred to the Department of Community Development with recommendation for demolition, comprised the following:-

No. of rooms per unit	1972
1	9
2	15
3	48
4	28
5	16
TOTAL	116

UNDER SECTION 85 (4)

Demolitions permitted under the authority of the Medical Officer of Health (Delegated Authority by the Cape Town City Council).

No. of rooms per unit	1972
6	9
7	11
8	3
9	3
10	1
11	2
12	1
13	1
Multi-roomed boarding houses and hotels	8
TOTAL	39

SLUMS ACT

During 1972, 76 properties, the majority of which were structures of the "pondok" type, housing a total of 515 adults and 689 children, were reported to the Slums Court and were declared as slums by that body. All the tenants were to be rehoused by the City Council or the Department of Community Development depending on the area in which these properties were located. The demolition of these units and the rehousing of tenants was not completed by the end of 1972.

TRADING LICENCES

TEA SHOPS, CAFES, RESTAURANTS, EATING-HOUSES AND BOARDING HOUSES

Municipal regulations require the annual licensing of these premises and the controlling of the equipment and management. Applications for licences are considered by the responsible committee after receiving a report from the Medical Officer of Health.

	Rest- aurants	Tea shops	Cafes	Eating- houses	Boarding- houses	Outside cow- keeper	Purveyor of Milk
1. Applications received	456	978	88	19	168	216	95
2. Granting of licences recommended (without conditions)	385	832	70	12	112	187	79
3. Granting of licences recommended (subject to conditions)	71	146	18	7	56	29	16
4. Number under item 3 later reported as having complied with conditions	71	146	18	7	56	29	16
5. Refusal of licences recommended			1				
6. Applications withdrawn							

INCREASE IN TARIFFS

The following tariff increases were promulgated in the Provincial Gazette dated 28th April, 1972, and were introduced with immediate effect:-

Boarding House Permits

Revised Tariff

10 rooms or less

R 6,00 p.a.

11 - 19 rooms

R12,00 p.a.

20 - 49 rooms

R18,00 p.a.

over 49 rooms

R30,00 p.a.

Ice cream Licence

R 5,00 p.a.

REGISTERED TRADES

MATTRESS-MAKERS, LAUNDRIES, BARBERS AND HAIRDRESSERS

Government regulations regarding mattress-makers and upholsterers (Government Notice No. 1 384 of 1938) prohibit any person from carrying on these trades unless registered annually by the Council. The municipal regulations prohibit any person from carrying on any laundry 'by way of trade or for purpose of gain', unless registered annually by the Council. The municipal regulations also prohibit any person from carrying on the trade or business of a barber or hairdresser unless registered by the Council.

	Mattressmakers and Upholsterers	Laundries	Barbers and Hairdressers
Applications received	19	70	439
Registration certificates issued	17	67	383
Registration granted subject to conditions	2	2	53
Registration refused		1	
Applications withdrawn			3

	Hawkers	Pedlars
1. Applications received	1 440	739
2. Granting of licences recommended (without conditions)	851	705
3. Granting of licences recommended (subject to conditions)	589	34
4. Refusal of licences recommended		
5. Number under items 3 and 4 later recommended	589	34

TRADE LICENCES

The Registration of Business Ordinance, No. 15 of 1953, provides that a certificate must be obtained from the Council before a licence is issued to trade as a general dealer, fresh produce dealer, apothecary, baker, butcher, restaurant (etc.) keeper, hawker, pedlar, motor garage, or mineral water manufacturer or dealer and further that no application for such certificate shall be considered unless the Medical Officer of Health shall have reported that the premises are fit and suitable for the purpose, and that he knows of no reason why the licence should be refused on the grounds of public health. All applications for certificates are referred by the Town Clerk to the Medical Officer of Health for report, and the consequent inspections involve a considerable amount of work on the part of the health inspectors.

The following is an analysis of applications for certificates dealt with during the year:-

	General Deal- ers	Fresh pro- duce Deal- ers	Butch- ers	Ba- kers	Motor ga- rages	Min- eral water Deal- ers	Milk in Car- tons	Ice cream vendor	Apo- the- cary	Live- stock Deal- er	Coin- vend- ing ma- chines	Elec- trical wiring con- tractor	Slaugh- terer of poultry	Enter- tain- ments
1. Applications re- ceived	1 474	254	45	3	132	35	166	1 423	16	2	3	25	3	97
2. Granting of licen- ces recommended	956	178	36	2	70	26	123	1 390	10	1	2	24	3	61
3. Granting of licen- ces recommended (subject to condi- tions)	518	76	9	1	62	9	43	33	6	1	1	1		36
4. Number under item 3 later reported as having complied with conditions	518	76	9	1	62	9	43	33	6	1	1	1		36
5. Refusal of licen- ces recommended														
6. Applications with- drawn														

FOOD INSPECTIONS

The following foodstuffs were condemned as unfit for human consumption by the market health inspector during the year.

	Weight (kg)		Weight (kg)
Fruit:-		Vegetables:-	
Pome	12 090	Bulbs	14 050
Drupe	38 900	Flowers	10 520
Citrus	107 960	Leaves and stems	142 740
Miscellaneous	24 970	Roots	25 100
Vine	4 160	Seed Fruits	508 000
		Tubers	98 120

BUTCHERS' DELIVERY VEHICLES

The continued enforcement of Regulation 1970 maintains the standard metal type of butchers vehicle in which all carcasses are hung and are clear of the floor. During the year 207 meat delivery vehicles were licenced.

FOOD VENDING MACHINES

The main type of commodities dispensed by food vending machines continues to be hot and cold beverages. The premises situated in Main Road, Sea Point, where coin-operated machines dispensed food items such as sandwiches, hot dogs, hamburgers, pies, curry and rice etc. was closed down in June, 1972.

Strict control from a public health point of view continues to be exercised on all premises of this type.

STABLE PREMISES

The Municipal Regulations empower the Council to prohibit the use for the keeping of animals, of any stable, cowshed, pigstye, kraal, etc., which in its opinion is 'unfit', undesirable or objectionable by reason of its locality, construction or manner of use. The City Council may also restrict the number or manner of use. The City Council may also restrict the number or kind of animal to be kept at any such premises.

3 cases of unsuitable and unauthorised structures which were being used to stable animals, were ordered to be demolished and the animals removed. In all cases the animals were removed and the structures demolished.

ABATTOIR BRANCH

DR. A.A.L. ALBERTYN. B.V.Sc., F.R.S.H. DIRECTOR OF ABATTOIRS

The inspection of meat from animals killed at the municipal abattoir is under the control of the Director and Senior Veterinary Surgeon. No animals may be slaughtered elsewhere in the Municipality, and all meat from animals slaughtered outside the City and brought in for consumption must be deposited at one of the depots appointed by the Council, where it is inspected and if satisfactory, stamped and passed as fit for human consumption.

During 1972 the following livestock was slaughtered at the Maitland abattoir.

	No.
Cattle	214 788
Sheep	1 077 418
Calves	20 549
Pigs	106 110
Horses and mules	1 663
Donkeys	1 438

The Abattoir operated at full capacity at most times during the year, supplying meat for consumption in Greater Cape Town as well as for a large percentage of the population in the Western Cape.

Apart from the very important service rendered to the health of the community by ensuring adequate supplies of clean safe meat, the abattoir must also be viewed as being the largest and most complicated factory and business centre in the Western Cape with a throughput of over R130 000 per day.

A schedule of diseases for which meat was condemned is shown below.

ANIMALS SLAUGHTERED WITH DISEASES

	BOVINES			CALVES			SHEEP & GOATS			PIGS		
	No. of car-cases	Parts affect-ed	Por-tions (weight kg)	No. of car-cases	Parts affect-ed	Por-tions (weight kg)	No. of car-cases	Parts affect-ed	Por-tions (weight kg)	No. of car-cases	Parts affect-ed	Por-tions (weight kg)
Degenerative & Dropsical condi-tions												
Emaciation	4	48					368	2 944		6	48	
Fatty Degeneration	1	12		1	8		1	8				
Necrosis								1 310			9 609	
Oedema	8	72					21	163				
General conditions												
Anaemia	1	12					3	24				
Blood Splashing							2	16				
Bruising	432	5 379	33 907	18	144	113	404	3 232	1 243	8	81	1 942
Contamination		511	9		1 027		3	16 765	9		93 238	
Fever	127	1 524		36	288		241	2 168		15	120	
Icterus	16	192		20	160		349	2 792		4	32	
Immaturity				312	2 560							
Insufficient bleeding							1	8				
Moribund	29	348		4	32		52	416		9	72	
Telangiectasis		3 513										
Uraemia	2	24					11	88		2	16	
Infectious Diseases												
Actinomycosis		2 020										
Anaplasmosis	21	249		4	32							
Caseous Lymphadenitis	44	14 682	1 548	69	12 584	875	576	128 663	9 510			
Babesiosis	6	72										
Erysipelas										1	8	
Leptospirosis											97	
Tuberculosis	136	5 191								70	1 682	
Inflammatory conditions												
Arthritis	2	24		4	32		78	624		12	96	16
Cirrhosis		807						20 975			1 355	
Enteritis				2	16		1	8			663	
Dermatitis										1	8	6
Hepatitis							2	16				
Ketosis	1	12										
Lymphadenitis							1	8				
Mastitis	3	36										
Metritis	2	24					12	96		3	24	
Nephritis	3	36		5	40		46	368		4	32	
Pericarditis	17	1 906		3	24		2	4 825		1	2 303	
Peritonitis	87	984		12	96		64	512	764	64	512	
Pleuritis	8	1 102		5	157	14	6	5 620	4 020	3	659	32
Pneumonia	28	722		43	1 134		321	9 370		58	508	
Parasitic conditions												
Cysticercosis	103	29 238		2	16					438	3 504	
Fascioliasis		523						961			90	
C.Tenuicollis Infection							4	32		1	8	
Hydatidosis		2 994			200		2	68 782			2 084	
Milkspots								1 242				
Lungworm								33 438				
Oesophagostomiasis								24 452				
Sarcosporidiosis	61	732		1	8		2	16		21	168	
Stilesia Hepatic Infection								174 644				
Septic conditions												
Abscesses		17 486	167		67						64	42
Gangrene	37	444			12		9	72		4	32	
Pyæmia	46	671		80	640		262	2 096		80	640	
Septicæmia	4	48		1	8		127	1 016		22	176	
Neoplasms												
Melanomata										1	8	
Tumors (Others)	2	24		1	8		1	8		1	8	

MILK SUPPLIES AND RELATED PRODUCTS

DR. A.J. LOUW. B.V.Sc., F.R.S.H. SENIOR VETERINARY OFFICER – MILK CONTROL BRANCH

RAW MILK SUPPLIES

The City's milk shed comprises an area resembling a quadrant whose axis is in a North Easterly direction from Cape Town with a radius of approximately sixty miles. This includes the Potsdam, Durbanville, Kalbaskraal, Philadelphia, Darling, Malmesbury, Klapmuts, Wellington, Kuilsriver and Strand areas. A few isolated producers are also found in the Caledon and Moorreesburg areas and farmers as far north as Saldanha and Vredenburg are now registered to supply milk to Cape Town. Some dairy farms still remain in the Cape Flats and Constantia areas in spite of rapid industrial and residential developments in these parts.

A total of 197 producers were registered at the end of 1972. Nine producers went out of production and five new producers were registered.

Some 188 (95,4%) producers had one or more bulk tanks installed on their farms; a total of 255 of these tanks with a capacity of 572 736 litres are now in use. Two hundred and twenty-nine of these tanks are refrigerated by means of chilled water while the remainder are cooled by direct expansion. The nine producers who still supply milk in cans, produced only 10 115 litres daily, 2,9% of the total production.

Fifty-eight producers (29,4%) have modern milking parlours and 110 (55,8%) make use of machine milking. A number of conventional cowsheds have been converted to accommodate a mechanical milk-line system. Of the parlours the herringbone-type (44,8%) proved the most popular, followed by the tandem-type (29,3%) and then the abreast-type (25,9%).

The average daily production per registered producer was 1 788 litres. An estimated 27 640 number of cows were in production at a time. Ninety-one producers milked three times a day, the balance milking twice daily. The accompanying histogram shows a breakdown of registered producers on a daily production basis. (See graph.)

Raw farm milk is collected by insulated road tankers and delivered for processing to the three pasteurising plants in or on the periphery of the City. From here the milk is distributed to milk shops and depots throughout the Cape Peninsula for home delivery and sale over the counter. Supermarkets, tearooms and general dealers are precluded from selling milk in ordinary glass bottles and only milk in non-returnable containers may be handled by them.

Since 1953 only heat treated milk may be offered for sale in Cape Town. Although the relevant regulations make an exception for the sale of raw milk produced by accredited disease-free herds under very stringent hygienic conditions, only one producer, has qualified to sell a small quantity of raw cream.

A considerable quantity of milk and milk products, produced and processed under the control and supervision of this Department, is also sold in the adjoining local authorities of the Peninsula.

The water supply of farm dairies was tested from time to time. In certain areas the water, especially that originating from bore-holes, was, although brackish, of a satisfactory bacteriological quality. 81,2% of all supplies are of bore-hole origin, 12,7% is supplied by local authorities and the remaining 6,1% originated from springs and fountains.

ANIMAL DISEASES

Mastitis, the prevalence of which is based on the microscopic examination of cream smears of milk samples taken from road tankers and bulked herd milk, was confirmed in 11,05% of the total number of examinations.

As the incidence of mastitis was in many instances due to faulty milking machines, a "Ruakura" Air Flow Meter and a "Detco" Vacuum Recorder was acquired by the Department to assist dairy farmers in pin-pointing any mechanical faults in their milking machines.

The Division of Veterinary Services of the Department of Agricultural Technical Services was actively engaged in a Tuberculosis Eradication Scheme for the Western Cape. Some 689 herds, involving 69 625 animals were tested by the single intradermal tuberculin test, resulting in 395 positive reactors and 279 equivocal reactors. A total of 570 infected dairy animals were slaughtered at the Maitland abattoir under this Scheme which provided for compensation to dairymen for any losses incurred.

Under the T.B. Accredited Herd Scheme a total of 148 herds in the City's milkshed were on the register.

Brucellosis was diagnosed by means of the stained antigen ring test on raw milk samples. A survey revealed that 32.5% of the herds of registered milk producers either had the disease or were injudiciously using the strain 19 vaccine. This should under normal circumstances only be used once on calves between the ages of three to ten months. Advice and education in this regard was passed on to the producers concerned. A total of 12 658 bovines, mainly calves, were immunised by Division of Veterinary Services.

MILK AGGREGATE

According to the Milk Board the average daily production of fresh milk from registered producers was 352 361 litres of which 278 558 litres was absorbed by the fresh milk trade. The balance (73 803 litres) was diverted for industrial use, including the manufacture of cheese, powdered milk, condensed milk and butter.

The Milk Board, a semi-state organisation, established under the Marketing Act of 1937, controls the price of raw milk paid to producers. During the period under review producers received the highest price (7,577c per litre) in May and the lowest (7,04c per litre) in December. At times fresh milk was also supplied by Cape Town to Paarl, Robertson, Hermanus, Mossel Bay, Wellington, Windhoek, Saldanha, Springbok and Upington.

CLASSIFICATION OF REGISTERED PRODUCERS ON A
DAILY PRODUCTION BASIS AND RELATED INFORMATION

Period	No. of Registered Producers	Average Daily Production	Average Daily Intake into C.I.
1972	197	11788.63	352.36
1971	201	11870.22	375.908
1970	208	11619.73	386.931
1969	220	11614.28	355.166

26.4

13.2

17.3

14.2

9.6

2.5

3.6

11.5

2.5

3.6

8.6

Percentage of producers

500	501-1000	1001-1500	1501-2000	2001-2500	2501-3000	3001-3500	3501-4000	4001-4500	4501-5000	5001
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lives of milk

METRICATION

The conversion from Imperial to Metric weights and measures in the milk industry was set in motion during the latter half of 1971 and was completed during the course of the period under review.

STAFF

The Milk Control Branch comprises the Senior Veterinary Officer, two full-time rural dairy inspectors and a full-time dairy inspector detailed for city duty. A laboratory assistant is responsible for the testing of milk and milk products and the keeping of records. The inspectorate staff is guided to a large extent in their visits by these laboratory results.

During the year the following work was carried out:-

Total number of farm dairy inspections	2 165
Number of farms where structural improvements were carried out	147
Number of herd inspections	341
Investigations on farms in connection with the unsatisfactory bacteriological quality of milk	155
Investigations on farms in connection with the incidence of mastitis	54
Investigations on farms in connection with the incidence of Brucellosis	35
Recording of temperatures of mechanically cooled milk	606
Number of unsatisfactory temperatures encountered	4
Number of visits to pasteurising plants	1 192
Number of visits to ice cream plants	571

LABORATORY CONTROL

RAW MILK

Bulked herd milk and road tanker supplies were regularly sampled on farms and at receiving depots and tested with the following results:-

(a) BULKED HERD MILK (INDIVIDUAL PRODUCER'S MILK)

Test	No. of Samples Tested	% Satisfactory
Plate Count	1 146	96,1
B. Coli (,001 ml)	1 146	77,8
Inhibitory Substances	210	86,9
Brucellosis (Ring test)	34	61,7
Mastitis	1 150	89,4

(b) ROAD TANKER MILK

Test	No. of Samples tested	% Satisfactory
Plate Count	266	90,2
B. Coli (,001 ml)	178	50,0
Inhibitory Substances	86	89,5
Brucellosis (Ring test)	49	71,4
Mastitis	270	87

Wherever possible unsatisfactory results were followed up by visits and inspections and producers advised on remedial measures.

The hygienic cleaning and sterilisation of road tankers was regularly checked by visual inspection and bacteriological examination of swabs. A total of 132 swabs were thus examined of which twenty-six proved to be unsatisfactory.

PASTEURISED MILK

During the end of the period under review three pasteurising plants were licenced to process milk and cream and the various cultured milk products. No sterilised full cream milk or flavoured skim milk was processed. Two of the plants operate modern plastic blow moulding machines and 24,8% of the total amount of fresh milk handled was filled into litre and half litre plastic bottles. The outlet for this type of pack is mainly through the tearooms and supermarkets.

Approximately 3,1% of the milk intake was used in the manufacture of cultured milk products and soft cheese.

The temperature of pasteurised milk, immediately after processing, was checked on 193 occasions and four of these readings were found to be unsatisfactory.

A litre or half litre bottle of milk was obtained from each plant every week-day. The following tests were carried out:

Test	No. of Samples	No. Unsatisfactory	% Satisfactory
Plate Count	1 218	5	99,6
Phosphatase Test	1 238	4	99,7
B. coli Count (Presumptive)	1 228	480	60,3
B. coli plate counts	1 223	111	90,9
E. coli-type I (faecal)	117	Nil	100

One ml. of milk was plated onto Violet Red Bile Agar and an arbitrary count of more than 10 coli-form organisms was considered to be unsatisfactory.

Line samples were regularly taken to pinpoint any particular source of post-pasteurisation contamination. The 'Bacto-strip' technique was frequently employed to determine the degree of B. coli contamination in factories. This visual aid was of considerable value in the education of plant operators.

A limited number of tests were also carried out on pasteurised milk for the Naval Academy at Saldanha and other small local authorities in the Western Cape.

PASTEURISED CREAM

This product was regularly sampled and submitted to the following tests:—

Test	No. of Tests	No. Unsatisfactory	% Satisfactory
Plate Count	178	Nil	100
Phosphatase	183	5	97,3
B. coli (Presumptive)	181	68	62,4
B. coli plates	74	5	93,2
E. coli-type I (Faecal)	42	Nil	100

Artificial cream, containing a vegetable fat was manufactured by three companies. Regular bacteriological tests on these products proved 74,5% to be satisfactory.

ICE CREAM

Ice cream, sorbet and soft dairy mix were manufactured by six factories and one restaurant in the city. A monthly average, with seasonal variations, of 579 138 litres of these products are manufactured. This comprised 68,9% of sorbet products, 17,2% of true ice cream and 13,9% of soft dairy mix. Any batches of ice cream introduced into the city from subsidiary or sister companies situated elsewhere had to be cleared bacteriologically by this Department before release for distribution and sale. Supplies were received regularly from Durban, Port Elizabeth and Boksburg.

This Branch also controlled the hygienic production of iced confections and these 'iced lollies' were sampled from time to time. Approximately 417 758 litres of this commodity was manufactured a month.

The following tests on ice cream and related products were carried out:—

Test	No. of Tests	No. Unsatisfactory	% Satisfactory
Plate Count	668	59	91,2
Phosphatase	509	Nil	100
E. coli-type I	693	13	98,1

Soft dairy mix, as dispensed by freezing machines in tearooms and restaurants, was sampled and proprietors advised on the hygienic handling of the mix and the cleansing and sterilisation of these machines. A total of 172 samples were examined bacteriologically.

VI-TESTS

Vi-tests were carried out on 339 individuals who were to be employed in milk and ice cream factories. Twenty-four of these were positive but proved to be negative on retesting.

GENERAL:

1. Ten final year veterinary students from Onderstepoort spent three weeks at the City abattoir and in this Branch as part of their vocational training in special hygiene and veterinary public health.
2. The Senior Veterinary Officer in charge of this Branch attended meetings and took part in the proceedings of the Western Cape Branch of the South African Society for Dairy Technology.
3. The Senior Veterinary Officer deputised for the abattoir director during that official's absence on leave and also assisted at the municipal abattoir with early morning and week-end duties.
4. During the course of the period under review the present incumbent of the post Senior Veterinary Officer was appointed as Assistant Abattoir Director in the Town Clerk's Department.

AIR POLLUTION

B.D. OXLEY, AIR POLLUTION CONTROL OFFICER

There are three hundred and fourteen premises operating four hundred and seventy-five appliances registered with this Department thus far. All these appliances fall under the jurisdiction of the local authority in terms of the Atmospheric Pollution Prevention Act No. 45 of 1965.

S.A.R. & H., Post Office, Hospitals, Scheduled Processes in terms of Part II of the Act, and all other premises falling under the responsibility of State Departments are therefore not registered.

The fuels, in metric tons, sold within the municipal area for the year 1972, are as follows:-

Petrol	139 200	
Power Paraffin	3 060	
Illuminating Paraffin	6 530	
Automotive Dieseline	57 100	
Heavy Diesel	430	
Heavy Fuel Oil	28 800	— excluding Table Bay Power Station which used 92 287
Anthracite	8 199	
Coal	1 200 000	

Fifty-four industrial premises had to be dealt with during the year for exceeding the limits of the Smoke Control Regulation 1997 or contravening sections of the Act. Investigations of eight of these premises resulted in a complete change of fuel burning appliances since either the plant was incapable of operating without smoke, or it was considered uneconomic to modify the existing plant. Twelve installations needed extensive modifications in order to comply with current requirements. Two required control techniques not previously available. All of these appliances are now capable of meeting the requirements of existing legislation. Three premises with good plants capable of meeting our requirements, were causing problems due to careless operation. Some of the complaints were caused by plant breakdown and were quickly remedied.

A few instances of the burning of insect-infested timbers from demolition of old buildings in District Six were permitted, since burning was the only practicable solution for the disposal of this material.

The burning of waste material by householders continued to take up much of the health inspectors' time, there being roughly one hundred instances during the year. The policy of warning for the first offence and a threat of prosecution for the second offence appears to work as no prosecutions were necessary.

Modifications to the Act were proposed and considered during the year and are likely to result in a Bill before Parliament in 1973. As far as local authorities are concerned, those proposals were mainly to streamline some of the procedures laid down in the Act, to increase the magnitude of fines for offences against the Act and provisions for permitting the Minister of Health to grant part refund in respect of the salaries of full-time officials engaged in air pollution control.

In view of the fact that C.S.I.R. Air Pollution Research Group in their smog reports predict 11 to 12% increase in the sulphur dioxide levels in the central city area, without consideration of the increased emissions from the Table Bay power station conversion, serious thought was given to the policy of limiting fuels to be used in the central city area to those having a sulphur content of less than 1% by weight.

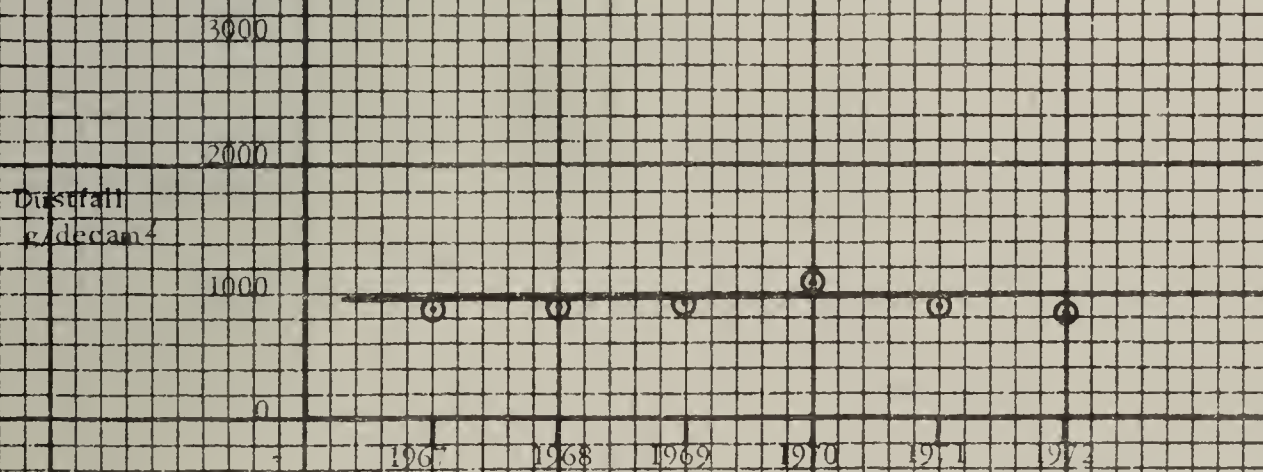
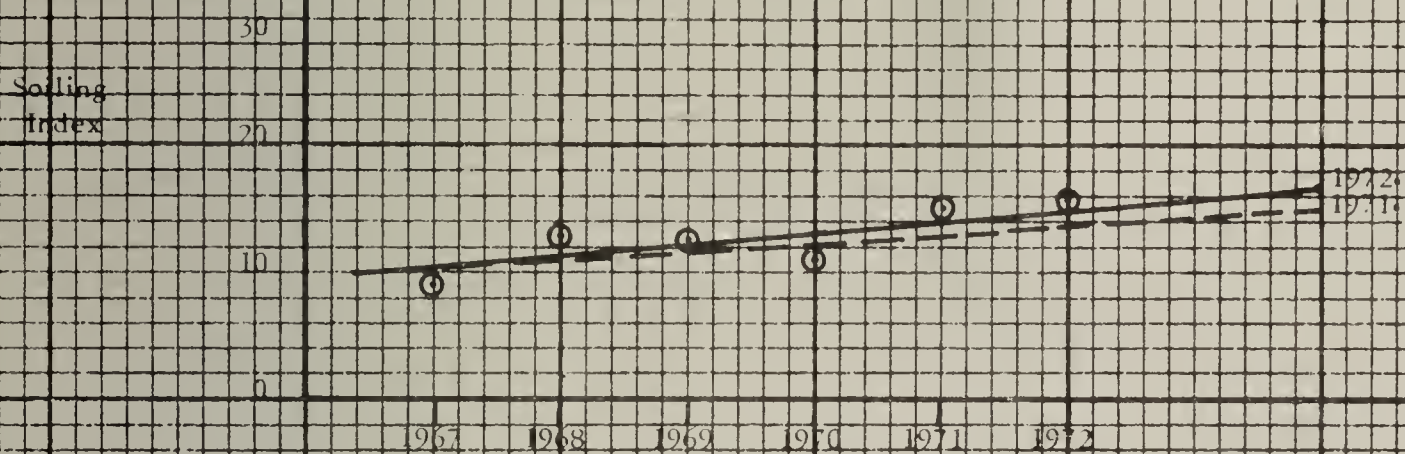
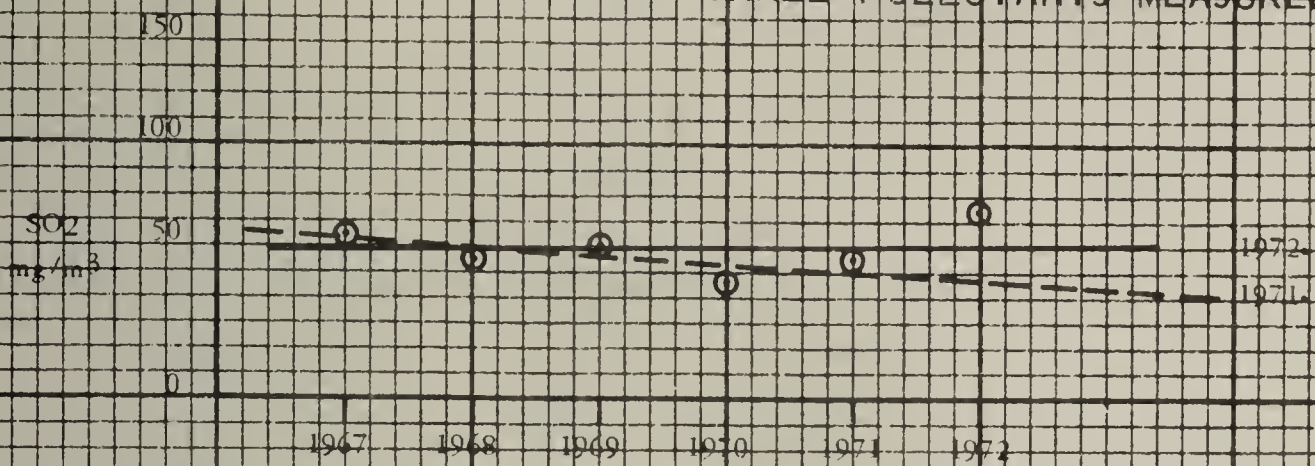
APPLIANCES AT PREMISES UNDER STATE CONTROL

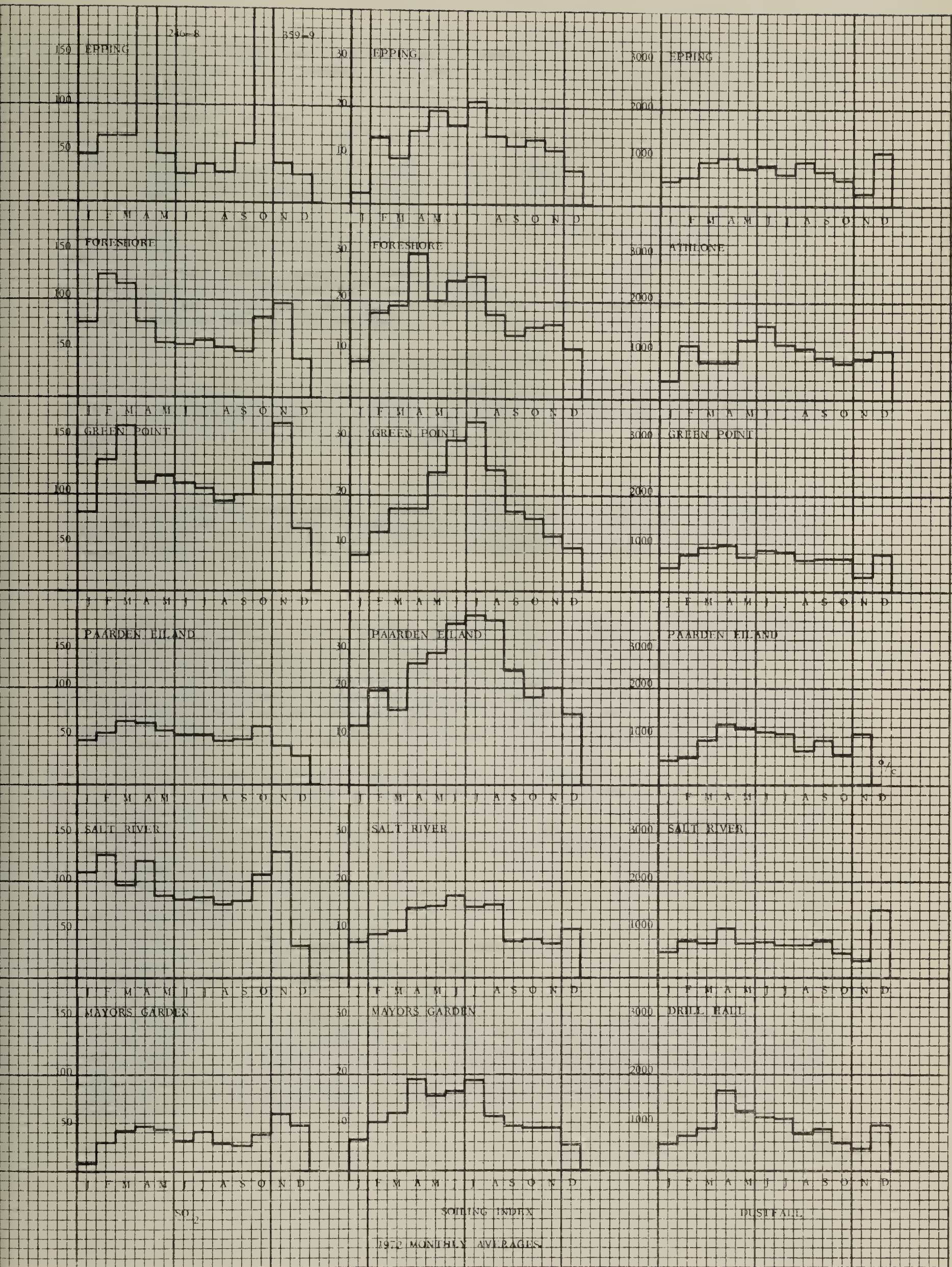
S.A.R. & H.

During the year, S.A.R. & H. appointed a Chief Air Pollution Control Officer to co-ordinate efforts to control pollution from their source throughout the Republic. In Cape Town some of the items detailed in their programme released in last year's report, have in fact been carried out.

REPORT OF THE MEDICAL OFFICER OF HEALTH.

ANNUAL AVERAGES FOR THE PERIOD 1967-72
OF THE THREE POLLUTANTS MEASURED.





1. The old low-temperature incinerators are no longer used.
2. As much material as possible is disposed of by sanitary land fill.
3. The incidence of fire on their two tipping areas has been considerably reduced.
4. The disposal of old coaches is no longer performed by burning.
5. The coal-burning tugs have all been modified to operate smokelessly, with the exception of the T.S. McEwan (Smoky Sue), which is scheduled for replacement.

In view of the successful prosecution against a visiting ship which was smoking heavily, it is considered that a firmer line could well be taken against similar offenders amongst the shipping community and we look forward to this being done.

Plans are in hand to replace the inefficient sawdust-burning unit at the coach work shop, with a modern appliance designed to handle this waste material.

1972 takes us one year nearer to the proposed time for the commencement of replacing coal-burning locomotives with diesel/electric units.

ROELAND STREET GOAL

Repeated requests for improvement in the emissions from the boiler plant have not met with success. In June, the Regional Director, State Health, wrote to the Prison Governor requesting him to approach the Regional Representative of the Public Works Department with a view to providing the final answer to this vexing problem; we are still awaiting appropriate action.

POST OFFICE

Every year the central heating system at the main Post Office building is in commission from May until September. Periodically, the emissions are in excess of the limits laid down by Regulation. While the plant itself is capable of meeting these requirements, it is subject to error by the human element. Repeated approaches to the appropriate authority have so far achieved nothing.

MEASUREMENT

Because of high incidence of apparent inversions, closer watch was kept on wind conditions and daily notes made. As a result, it was observed that even with moderate south-east winds blowing, stagnant conditions occurred in the amphitheatre of the mountain and any pollution produced in that area tended to collect. The readings obtained by measurement were showing considerable increase over previous years, with more and higher peaks in the two and three-day averages. It can be seen in the table of average readings quoted for the last four years that the number of readings exceeding one hundred and fifty microgrammes per cubic metre and upwards were far more numerous. The Foreshore and Green Point measuring stations reflected most of this increase which occurred when there was considerable stagnation or when the Table Bay power station plume was noted to be spread in those directions.

Total number of peak readings for the two and three-day averages for sulphur dioxide in microgrammes per cubic metre

SO ₂ ug/m ³	100 to 150	150 to 200	200 to 250	250 to 300	300 to 350	over 350
1969	91	18	7	•	1	
1970	65	14	4	2		
1971	65	15	3	1	1	
1972	103	62	21	3	2	2

It must be revealed, however, that in November, as a result of concern over the increased high readings, the C.S.I.R. conducted tests in parallel with our own. It was concluded that over the years, faults in the instrumentation had occurred, due to the unavailability of standard replacement parts. The C.S.I.R. were able to provide some of the proper material and considerable reductions were apparent in the readings subsequently obtained. It may, therefore, be forecast that with the restoration of this equipment to standard conditions and the anticipated improvements in the emissions from Table Bay power station, these reductions will be maintained.

Graphs showing monthly average readings at each of the measuring stations are included and the scales for the graphs, which have sufficed since 1969 were used again in order to highlight the increases. Reasons for the abnormally high readings at the Epping measuring station could not be established, since the corresponding soiling index readings were low and no changes in the fuel burning appliances in the immediate area had taken place. They were therefore considered to be freak readings and of no consequence.

Graphs showing the annual averages for the whole of the municipal area for the period 1967 to 1972 for the three pollutants measured, are also included. It can be seen that for sulphur dioxide, the 1972 reading has reversed the slope of the graph compared with last year. It is to be hoped that 1973 onwards will reveal this slope restored to a downward trend. The soiling index upward trend is maintained, again due to the high incidence of invert conditions during the year.

PLANT APPROVED.

Thirty-two sets of plans were approved during the year. Most of these were straight-forward steam or hot-water installations. Four sets of plans were for liquid-phase heaters in which heat is transmitted from a fuel to an oil. The oil, which may be heated to 360°C, is then used as a heating medium for the process. This technology could have important implications, since heat may be used without pressure and that invaluable commodity, water, will not be wasted.

A new incinerator designed and produced in this country was tested with a view to it being added to the list of approved appliances. It proved to be a first-class unit.

Permission was granted for the installation of a further make of incinerator, subject to an undertaking that should it fail our standards, after any necessary modifications, it would be withdrawn altogether. Testing should take place in 1973.

INTERDEPARTMENTAL COMMITTEE.

It was felt that because there were several departments and branches involved in air pollution control, it would be a good thing to form a committee of the people involved, so that closer co-ordination could be effected with improved communication and exchange of ideas. The first meeting of the Interdepartmental Committee on Air Pollution was held at the end of September.

HOUSING

The greater part of the Cape Town municipality consists of houses built of masonry according to the standards of the time of their erection, served by the municipal water supply and water-carriage sewerage, and with well-constructed streets. Most of the dwellings are separate houses built for one family each, detached, semi-detached or in terraces. Private enterprise is today making little or no provision for the housing of the lower income groups owing to the high building costs of erecting such dwellings and have concentrated on the erection of large blocks of flats. Such flat development is taking place all over the municipality, but far and away the most popular suburbs for such development are the Sea Point, Three Anchor Bay, Green Point and the Kenilworth areas. There is a decided danger in the overcrowding of any one area with large flat blocks owing to the danger of ultimate deterioration of both building and inmates and the possibility of slum conditions eventually developing.

If the houses were occupied in the manner originally intended, housing conditions would be mainly satisfactory. The chief factor responsible for slum conditions is the overcrowding caused by the fact that there are not enough houses for the population, itself the result of economic conditions. Houses suitable for one family and in many cases small, even for one large family, are occupied by several families, sometimes to the extent of one family per room. The over-crowded families are naturally mostly from the poorest strata of society, usually (though not invariably) non-White, and often of low social standard. The resulting squalor is increased by decay of the fabric of the houses which such occupation induces.

The same shortage of houses and economic stringency is largely responsible for the other phase of the local housing problem, viz, the occupation of unauthorised and insanitary structures on the Cape Flats fringing Cape Town, often without made roads, water supply or sanitary services and sometimes subject to winter flooding. The Council has ample powers to prohibit such building and occupation, but has not found itself prepared to eject the occupants from the only shelter available to them.

There remains also the lowest sub-sub-economic group of the population who are a social welfare problem and cannot be provided for through municipal housing.

These housing conditions are of long standing, and have been the subject of repeated consideration by the Council, its committees and officers. Since 1920 up to 1972 the City Council, Citizens' Housing League Utility Company, Cafda, the Servitas Organisation and Garden Cities have completed the erection of over 37000 dwellings within the municipality.

The Council is erecting houses departmentally as well as by contract. The building units function with artisans recruited from the building industry and working under conditions of service applicable to that industry. Coloured housing is based on standard plans evolved by the National Housing Commission.

With the enforcement of the Group Areas Act and the displacement of racial groups from one area to another it is very necessary that additional housing for the non-White section be constructed each year. It is difficult to formulate any figure but it is estimated that at least 4,000 units alone must be erected so as to make any impression on the present overcrowding that exists.

In the preparation of the new Manenberg scheme (an extension of Heideveld), the Council was originally faced with a demand for a 100 per cent allocation of the houses for State population regrouping purposes. To minimise urban sprawl, it had been anticipated that high density flat construction would be utilised in areas such as 'District Six', but the Council has had to abandon that scheme and is now faced with the problem of providing such accommodation elsewhere in the city.

Cape Town's topography has been the reason for siting the major Municipal housing schemes at Athlone, about eight miles from the City centre.

The dwellings completed by the City Council in the year under review were as follows:—

	Economic	No. of houses	Sub-economic
Hanover Park	1110		494
Lavendar Hill	311		
Retreat	266		
Malay Area	9		
(Restoration)			
Bokmakierie	1		
Home Ownership		275	

This represents a total of 2466 dwellings.

A further 29 houses for Whites at Kirstenhof (Retreat) were constructed by the Citizens Housing League.

CONVERSIONS.

During the year and for the second time, 58 dwellings (for non-Whites) were converted from sub-economic to economic lettings. These conversions became necessary due to the general increase in wages.

The dwellings completed bring the figures from 1920 to 1972 for public housing operations in Cape Town and suburbs (exclusive of Bantu Townships) to the following:—

	White	Non-White	Total
Within Cape Town municipal area:			
City Council	1217	34158*	35375
Citizens' Housing League			
Utility Co.	1150	28	1178
Cafda		336	336
Servitas Organisation	84		84
Garden Cities	30	403	433
Total	2481	34925	37406

* Excluding Langa and Guguletu Townships.

The number of new dwelling houses built during the year in the Municipality as compared with the growth of population is shown in the following table:—

Year	Estimated increase in population	Buildings for human habitation completed (dwellings)
1945	10 400	870
1955	7 030	2 155
1960	7 940	1 817
1965	14 210	3 186
1970	11 600	2 635
1971	38 750 *	3 031
1972	16 700	2 495

* Additional areas incorporated in municipality, with consequent increase in population.

BANTU HOUSING:

560 dwellings, each comprising 3 rooms and a kitchen, built of brick under asbestos roofing, were erected in Guguletu during the year.

The following further information furnished by the Director of Housing is of interest:—

RENTED DWELLINGS:

2 180 dwellings were completed for Coloured families in 1972, 1682 being economic and 498 sub-economic. The total number of lettings at the end of 1972 was 32 977. Building took place in Retreat, Hanover Park and Lavender Hill, the last two estates being still under construction. In addition, 9 dwellings in the Malay restoration area were restored.

Again, no rented dwellings were completed for Whites.

APPLICATIONS:

The number of new applications received from Coloured families in 1972 was 3 509, and from Whites 206. The demand for economic rented dwellings continues to increase. Of the 11 109 applicants, 9 312 required economic rented dwellings.

ALLOCATIONS:

A total of 3 526 families were housed during the year, 2 102 in new lettings and 978 in vacancies on the various estates. 54 families were transferred to new dwellings and 392 to vacancies. Of this total number, 1 065 were resettled by the Department of Community Development.

HOME-OWNERSHIP DWELLINGS:

275 new dwellings were constructed in 1972, 218 being for Whites at Sanddrift and 57 for Coloureds in Primrose Park and Mountview. The total number of dwellings erected by the Council in this category is now 566 for Whites and 1 711 for Coloureds.

50% of the dwellings in Primrose Park and Mountview were allocated to the Department of Community Development for Group Areas resettlement. While this arrangement continues there seems no hope of overtaking the back log in Coloured housing.

COMMUNITY CENTRES:

No new community centres were constructed during 1972 but it is anticipated that two will be built in 1973.

The number of persons using the community centres continued to increase during the year.

SECTION X – OTHER SERVICES

DOMICILIARY MEDICAL SERVICES

The City Council provides medical attention in their homes for indigent sick persons needing such service. During 1972 the work has been carried out by general medical practitioners. This is done in co-operation with the District Nursing Organization of the Cape Provincial Administration. Arrangements for the supply of medicines, etc. are made with local chemists.

One half of the cost of medical attention and the full cost of surgical appliances are refunded to the City Council by the State. During the year, 91 applications for free medical attention were received.

HYDROGEN CYANIDE FUMIGATION

Under the Hydrogen Cyanide Fumigation Regulations (Government Notice Nos. 804 of 30th April, 1943 and 605 of 13th April, 1845), no person may undertake the fumigation of any 'building or premises' with hydrogen cyanide unless he has obtained a certificate of competence from the State Health Service or a "First Schedule" local authority. Certificates granted by local authorities are subject to confirmation and counter-signature by the Secretary for Health. A certificate may not be issued unless the candidate worked for 12 months as a fumigator prior to 30th April, 1943, or has worked for six months under a certified fumigator.

In August, 1943, the Medical Officer of Health, Cape Town, was requested and authorised by the Secretary for Health to undertake the examination and certification (subject to the prescribed confirmation), of candidates from areas outside Cape Town not under 'First Schedule' authorities.

No certificates were issued during 1972.

FREE BURIALS

The Public Health Act places upon the local authority the responsibility for the removal and burial of the body of any destitute person, or any dead body which is unclaimed or of which no responsible person undertakes the burial. The cost falls upon the local authority, although it may be legally recovered. Each year a contract is given out to an undertaker to carry out this work for the council. In the year the number of such burials was 254.

BOARD OF AID

Poor relief in the City of Cape Town is administered by the Cape Town General Board of Aid Institutions Ordinances of 1919 and 1924. The Board consists of nine members, appointed by the Minister of Social Welfare and Pensions.

Its funds are provided by the Department of Social Welfare and Administration of Coloured Affairs, supplemented to some extent by voluntary donations. Under section 16 of Finance Act No. 27 of 1940, the responsibility of the Provincial Administration in this matter was transferred to the Department of Social Welfare as from 1st April, 1940.

The Secretary of the Board of Aid has kindly supplied the following statistics for the year:-

Income from voluntary sources	R 1 779,00	
Subsidy from Department of Social Welfare and Coloured Affairs	R108 944,00	
Expenditure on outdoor poor relief excluding administrative costs	R 40 344,00	
Number of applications received		1 876

Two day nurseries are maintained by the Board. The Tafelberg Day Nursery in Canterbury Street accommodates 106 non-White children aged three months to six years. The White nursery in Harrington Street has accommodation for 50 children.

DRAINAGE, SEWERAGE AND SCAVENGING

STORMWATER DRAINAGE

A great part of the municipality, being built on the slopes at the foot of the mountain, is well sited for drainage, but on parts of the Cape Flats natural drainage scarcely exists and in the wet season the ground water level over a considerable area rises to or very near the surface.

The city is sewered on the separate system, the stormwater being conducted by separate channels to the nearest outfall namely the sea, or into the Liesbeek and Black Rivers, which drain the southern suburbs north of Kenilworth and flow into Table Bay as the Salt River. South of Kenilworth the streams run south and discharge into a series of vleis or lakes and thence to the sea at False Bay.

The Keyser River at Lakeside has been widened and deepened from Zand Vlei to the Main Road. The canalisation of Diep River and Zand River from the Main Road, Plumstead, to Zand Vlei, by means of concrete lining, has also been completed as well as a concrete canal providing an outlet from Lange Vlei to the Zand River. Canalisation of the Liesbeek and Black Rivers in areas subject to flooding is now virtually complete, although considerable stretches of these canals have unlined banks and inverts.

The Vygekraal River upstream of Vanguard Drive has been widened and deepened and the lining of this section of the river has been taken as far as Sherwood Park on the boundary of the municipal area.

At the same time secondary culverts have been constructed from this river running southwards through the areas being developed by the Department of Community Development, the Council's Housing Unit and, in the Newfields area, by private owners. These culverts have improved the unpleasant flooding conditions which prevailed in this area during previous winter months.

Canalisation of the Blomvlei River has been extended into the developing areas south of Turf Hall Road.

SEWERAGE

With the exception of outlying areas, such as portions of Athlone, Lansdowne, Heathfield, Retreat and also portion of Ottery and Meadowridge areas taken over from the Divisional Council on 1st January, 1971, the greater part of the built-up area of the municipality is provided with water-borne sewerage facilities, and in these areas sewers are being built as fast as the availability of funds and labour allows.

Both the Kensington and Retreat main sewerage scheme are well advanced, and the latter system has been extended to include the new Allenby Township.

Waterborne sewerage has been provided for all Council Housing Schemes. Waterborne sewerage in the Blomvlei River Catchment and other areas to the east of Belgravia Road and south of Klipfontein Road is now being extended and virtually all the heavily built-up areas are now served.

The Council in terms of an agreement with the Cape Divisional Council accepts and treats sewerage from Goodwood, Parow and the Divisional Council local area of Epping Garden Village. Similarly the Council accepts and treats all sewage from Pinelands and from such portions of the Divisional Council local area of Grassy Park as are presently sewered.

The Council has negotiated an agreement with Milnerton to discharge sewerage northwards to link up with their sewerage system and as an interim measure portion of the Sanddrift Housing Scheme is discharged into Milnerton sewer reticulation.

The basic sewerage scheme for sections of Diep River, Heathfield and Retreat known as the Princess Vlei Sewerage scheme is now complete. The reticulation of this system is at present being extended into the presently unsewered areas, and Kingfisher, Punts and Elfindale Townships are now fully sewered.

The principal sewage treatment plant is located at Athlone with a dry weather flow of 90 ml. per day. The Athlone plant is now completely surrounded by residential areas and is only 13 kilometres from the centre of the City.

Approximately 22½ ml. per day of sewage from the Wynberg-Clovelly area plus approximately 13 ml. of sewage from Guguletu, Nyanga and the developing areas of the Cape Flats is treated in recirculated photosynthetic oxidation ponds at the Cape Flats sewage treatment works to the south of Zeekoevlei. The ultimate capacity of these works will be about 125 ml. Approximately 13½ ml. per day of settled sewage is by-passed from the Athlone to the Cape Flats works.

PAIL CLOSETS

Regular removals of night soil were effected from all premises requiring such service in unsewered areas. Pail contents are disposed of by discharging into the sewerage system through intakes at Athlone, Kenilworth and Muizenberg. 272 858 pail clearances were effected. Similarly 34 949 removals were made from O'Brien dry earth closets in the Municipal and certain abutting areas.

HOUSE REFUSE REMOVALS

The removal of house refuse is carried out by the Cleansing Branch of the City Engineer's Department as follows:-

Every Week-day:

Cape Town Central Business district:-

Gardens, Vredehoek, Orangezicht, Tamboerskloof, Devils Peak, Hotels, Restaurants, Boarding Houses and certain flats and business premises in congested areas.

Three Times Weekly:-

Camps Bay, Sea Point, Green Point, portion of Orangezicht, Tamboerskloof, Woodstock, Salt River, Observatory, Brooklyn, Maitland, Kensington, Mowbray, Rosebank, Rondebosch, Upper Newlands and Upper Claremont and Bishopscourt.

Twice Weekly:-

Lower Claremont, Lower Newlands, Kenilworth, Wynberg, Plumstead, Retreat, Lakeside, Bergvliet, Athlone and Lansdowne, Bonteheuwel, Manenberg, Hanover Park and Parkwood Estate.

Sundays:

On Sundays a special payments removal is effected at Hotels, Restaurants and Boarding Houses.

DISPOSAL OF REFUSE

All refuse, both trades and household, is disposed at the Council's tip at Guguletu. Strict control of the tip by the adoption of sanitary control methods is adhered to.

The compost plant at Athlone receives the refuse from the Athlone and Mowbray areas.

During the year the quantity of refuse removed was 674 028 cubic meters (881 595 cubic yards.)

In all areas house refuse is disposed of by controlled tipping.

As the available areas for controlled tipping of refuse are steadily diminishing or suitable areas are so far away that transport costs became prohibitive, the City Council decided to investigate the suitability of composting all household refuse. With this in view, the construction of a pilot composting plant in the Athlone sewage disposal works area came into operation in May, 1969. The compost from the plant is now on sale to the public and agricultural Organisations.

SECTION XI – STAFF OF CITY HEALTH DEPARTMENT

The authorised establishment of the City Health Department as at 31st December, 1972, amounting to 1386 staff members is subdivided as follows:—

ADMINISTRATIVE BRANCH		NO.		
Medical Officer of Health	1		Drivers	6
Deputy Medical Officer of Health	1		Labourers	3
Assistant Medical Officer of Health	1		Night Watchmen	2
Medical Officer	1		Caretaker	1
Administrative Officer	1		Caretaker/Cleaner (Coloured)	1
Assistant Administrative Officer	1		Total	264
Principal Administrative Officer	1			
Senior Administrative Assistants	4		TUBERCULOSIS BRANCH	
Personal Assistant to M.O.H.	1		Tuberculosis Officer	1
Air Pollution Control Officer	1		Deputy Tuberculosis Officer	1
Health Education Officer	1		Clinic Medical Officers	2
Health Education Lecturer	1		Administrative Assistant	1
Senior Clerks	6		Senior Clerk	1
Clerks	13		Clerks	7
Senior Shorthand Typiste	1		Senior Public Health Nurse	1
Shorthand Typiste	1		Clinic Sister/Public Health Nurses	11
Woman Assistants	4		Clinic Assistants	5
Office Attendants	2		Radiographer	3
Caretaker/Cleaner	1		Woman Assistants	3
Labourer	1		Domestics	2
Total	44		Driver Mobile X Ray Van	2
			Caretaker/Cleaner	1
			Labourers	5
			Total	46
HEALTH INSPECTION BRANCH				
Chief Health Inspector	1		VENEREAL DISEASE BRANCH	
Senior Assistant Chief Health Inspector	1		Venereal Disease Officer	1
Inspector	1		Male Nurses	2
Assistant Chief Health Inspector	1		Clinic Sister/Public Health Nurse	2
Divisional Health Inspectors	5		Labourers	2
Health Inspectors	40		Total	7
Learner Health Inspectors	14			
Pest Control Officers	4		DENTAL BRANCH	
Clerks	2		Principal Dental Officer	1
Woman Assistants	2		Deputy Dental Officer	1
Washhouse Caretaker/Fitter	1		Assistant Dental Surgeon	2
Washhouse Caretaker	3		Senior Dental Mechanic	1
Assistant Washhouse Caretakers	4		Dental Mechanics	4
Motor Driver	1		Senior Clinic Nurse	1
Stores Yardsman	1		Dental Nurses	7
Fireman/Stoker	1		Senior Clerk	1
Pest Control Operatives	26		Clerks	2
Labourers	5		Female Clerical Assistant	1
Attendants at public sanitary conveniences	167		Social Welfare Visitor	1
Total	279		Clinic Assistants	5
			Laundresses	4
MILK CONTROL			Domestic	1
Senior Veterinary Officer	1		Caretaker/Cleaner	1
Dairy Inspectors	3		Labourer	1
Laboratory Technician	1		Total	34
Total	5			
			MATERNAL AND CHILD WELFARE BRANCH	
			Maternal and Child Welfare Officer	1
			Deputy Maternal and Child Welfare Officer	1
			Clinical Medical Officers	3
			Chief Health Visitor	1
			Clinic Sister/Health Visitors	87
			Senior Public Health Nurses	4
			Learner Public Health Nurses	18
			Senior Social Welfare Visitor	1
			Senior Clerk	1
			Clerks	1
			Nursery School Supervisor	1
			Nursery School Teachers	6
			Junior Nursery School Teachers	3
			Chiropodist	1
			Senior Woman Assistant	1
			Woman Assistants	5
			Junior Creche Superintendents	8
			Nursery Assistants	5
			Clinic Assistants	27
			Laundresses	7
			Domestics	29
			Cooking Hands	26
			Children's Help	14
			CITY HOSPITAL FOR INFECTIOUS DISEASES	
			Medical Superintendent	1
			Deputy Medical Superintendent	1
			Resident Medical Officers	6
			Matron	1
			Assistant Matrons	2
			Sisters	62
			Sister Tutor	1
			Nursing Assistants	38
			Nurse Aides	64
			Auxiliary Nurses	35
			Radiographer	1
			Occupational Therapist	2
			Principal Pharmacist	1
			Pharmacists	2
			Lady Wardens	2
			Physiotherapist	1
			Social Worker	1
			Senior Clerk	1
			Clerks	2
			Storekeeper	2
			Senior Woman Assistant	1
			Woman Assistant	1
			Senior Works Foreman	1
			Artisans	2

	NO.		NO.
Handyman/Electrician	1	Radiographer	1
Handyman/Carpenter	1	Clinic Assistants	2
Craft Worker	1	Occupational Therapist	1
Works Storeman	1	Lady Warden	1
Painter	1	Senior Clerk	1
Boiler Attendants	2	Clerks	1
Brush Hand	3	Woman Assistant	1
Housekeeper	1	Housekeeper	1
Housemaids	36	Storekeeper	1
Seamstresses	4	Head Seamstress	1
Laundresses	4	Seamstress	1
Kitchen Supervisor	4	Laundry Manager	1
Hospital Cooks	7	Laundry Supervisor	1
Disinfection Officer	1	Assistant Laundry Supervisor	1
Ambulance Officer	1	Laundresses	31
Ambulance and Motor Drivers	4	Kitchen Supervisors	2
Telephone Operators	3	Hospital Cooks	4
Senior Hospital Porter	1	Senior Works Foreman	1
Hospital Porters	5	Carpenter	1
Bantu Male Orderlies	66	Handyman	1
Labourers	14	Fitter	1
Total	392	Handyman/Leading Hand	1
		Craft Worker	2
		Boiler Attendants	3
		Senior Telephone Operators	1
		Telephone Operators	2
		Motor Drivers	2
		Hospital Porters	5
		Male Orderlies	71
		Labourers	21
		Total	315
BROOKLYN CHEST HOSPITAL			
Medical Superintendent	1		
Resident Medical Officers	5		
Matron	1		
Assistant Matron	1		
Sisters	36		
Staff Nurses	3		
Non-White Nurse Aides	103		
Non-White Male Nursing Assistant	1		

CHANGES IN PERSONNEL

APPOINTMENTS

Dr. R.M. Langerman	Medical Officer of Health	19 - 3 - 1972
Dr. R.J. Coogan	Deputy Medical Officer of Health	1 - 8 - 1972
Dr. T.J. Malherbe	Medical Superintendent:	
	Brooklyn Chest Hospital	1 - 10 - 1972
Dr. J.I. Rennie	Clinical Medical Officer	1 - 5 - 1972

RETIREMENTS

Dr. E.D. Cooper	Medical Officer of Health	18 - 3 - 1972
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RESIGNATIONS

Dr. J.C. Wyatt	Assistant Medical Officer Of Health	31 - 7 - 1972
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TABLE B. Deaths Classified for Causes and Race, 1972
(Corrected)

International Code No.	CAUSE OF DEATH	White	Coloured	Bantu	Asiatic	Non- White	All Races
001-008	Tuberculosis, respiratory system	7	62	49	2	113	120
010-019	Tuberculosis, other forms		5	4		9	9
020-029	Syphilis	1	7			7	8
040	Typhoid fever						
045-048	Dysentery						
055	Diphtheria						
056	Whooping cough		2		1	1	1
057	Meningococcal infections		6			2	2
080	Acute poliomyelitis					6	6
085-086	Measles	1	14	5		19	20
	Other diseases classified as infective and parasitic	3	19			19	22
140-205	Malignant neoplasms	237	220	52	4	276	513
210-239	Benign neoplasms		3			3	3
260	Diabetes mellitus	45	81	7	5	91	136
290-293	Anaemias	2	3			3	5
330-334	Vascular lesions affecting central nervous system	148	178	16	4	198	346
340	Non-Meningococcal infections	2	19	5		24	26
400-402	Rheumatic fever		3			3	3
410-416	Chronic rheumatic heart disease	7	14	1	1	16	23
420-422	Arteriosclerotic and degenerative heart disease	278	176	12	5	193	471
430-434	Other diseases of heart	21	46	15		61	82
440-443	Hypertension with heart disease	12	34	7		41	53
444-447	Hypertension without mention of heart	7	25	2		27	34
450-456	Diseases of the arteries	19	24	4		28	47
480-483	Influenza		1			1	1
490-500	Pneumonia	29	147	58	2	207	236
500-502	Bronchitis	34	42	8		50	84
540-541	Ulcer of stomach and duodenum	1	6		1	7	8
550-553	Appendicitis	1					1
560,561,570	Intestinal obstruction and hernia	3	2			2	5
571,764	Gastro enteritis	2	89	40		129	131
581	Cirrhosis of liver	21	15	8	2	25	46
590-594	Nephritis and nephrosis	9	17	6	2	25	34
610	Hyperplasia of prostate		1			1	1
640-652	Complications of pregnancy and childbirth		3			3	3
670-689	Congenital malformations	9	20	4	1	25	34
750-759	Birth injuries and post-natal asphyxia	2	17	3		20	22
760-762	Other infant diseases and immaturity	16	91	29	1	121	137
765-776	Senility and ill defined	212	101	17	2	120	332
780-795	Motor vehicle accidents	18	68	14	1	83	101
810-835	All other accidents		35	7		42	56
840-965	Suicide	14	7			7	17
970-979	Homicide	10	31	7		38	39
980-999	Other causes	81	138	34	2	174	255
	Total *	1253	1772	414	34	2220	3473

* The months February to June inclusive were unobtainable.

TABLE C Deaths by Cause and Month of Registration, 1972
(Corrected)

International Code No.	Disease	Race	January	February	March	April	May	June	July	August	September	October	November	December	Year
001-008	Tuberculosis of respiratory system	White	1						1	1		3		1	7
		Non-W.	19						16	23	12	16	13	14	113
010-019	Tuberculosis, other forms	White													
		Non-W.	1							1	4	2		1	9
020-029	Syphilis and its sequelae	White	1												1
		Non-W.							1		2	1	2	1	7
040-041	Typhoid fever	White													
		Non-W.													
055	Diphtheria	White													
		Non-W.												1	1
056	Whooping cough	White													
		Non-W.								1			1		2
057	Meningococcal infections	White													
		Non-W.								2	3		1		6
080	Acute poliomyelitis	White													
		Non-W.													
085-086	Measles and rubella	White								1					1
		Non-W.	1						2	4	3	4	4	1	19
140-205	Malignant neoplasms, including neoplasms of lymphatic and hae- matopoietic tissues	White	30						31	41	34	18	46	37	237
		Non-W.	37						40	31	39	42	45	42	276
260	Diabetes	White	4						7	9	5	6	5	9	45
		Non-W.	6						19	25	13	13	8	7	91
330-334	Vascular lesions affecting central nervous system	White	29						20	30	13	15	26	15	148
		Non-W.	14						23	47	25	33	39	17	198
400-402	Rheumatic fever	White													
		Non-W.									1	1	1		3
410-416	Cardiovascular diseases	White	44						47	69	42	36	37	31	306
420-422		Non-W.	25						52	48	35	28	51	31	270
430-434															
440-447	Hypertensive diseases	White	5						3	3	3	2		3	19
		Non-W.	9						17	7	9	9	8	9	68
450-456	Diseases of the arteries	White							3	1	4	3	3	5	19
		Non-W.							7	5	5	3	5	3	28
480-483	Influenza	White													
		Non-W.											1		1
490-493	Pneumonia (including pneumonia of the new born)	White	7						4	5	5	1	3	4	29
763		Non-W.	27						27	47	29	19	35	23	207
500-502	Bronchitis	White	4						5	8	4	5	4	4	34
		Non-W.	5						7	14	6	10	6	2	50
571,764	Gastro-enteritis and colitis (inclu- ding diarrhoea of the new born)	White	2												2
		Non-W.	24						20	23	6	14	23	19	129
590-594	Nephritis	White	1						1		2		3	2	9
		Non-W.	1						4		4	4	7	5	25
640-652	Complications of pregnancy	White													
670-689	childbirth and the puerperium	Non-W.							2	1					3
		White							4			4	1		9
750-759	Congenital malformations	Non-W.													
		White	1						3	2	2	5	11	1	25
760-762	Birth injuries, post-natal	Non-W.													
	asphyxia and atelectasis	White											1	1	2
		Non-W.							3	5	2	3	4	3	20
765-776	Other diseases peculiar to early Infancy and immaturity unqualified	White	2							4	2	5	2	1	16
		Non-W.	25						20	11	25	9	16	15	121
780-795	Senility and ill-defined diseases	White	35						31	34	29	32	27	24	212
		Non-W.	14						29	16	15	8	17	21	120
E810-E835	Motor vehicle accidents	White							1	2	2	4	9		18
		Non-W.	11						3	15	16	16	11	11	83
E800-802	All other accidents	White	4							1	1		6	1	12
		Non-W.							3	8	2	5	13	5	36
E840-E965															
E970-E979	Suicide	White	1							2	3	3	1		10
		Non-W.	1						2	1	1			2	7
E980-985	Homicide	White											1		1
		Non-W.	6							8	7	8	7	2	38
	All causes	White	182						173	230	170	153	190	155	1253
		Non-W.	254						347	384	291	281	389	274	2220

TABLE D Death Rates per 1,000 Population for 1972 and Ten Previous Years by Causes and Race
(Corrected)

DISEASE	Race	1962	1963	1964	1965	1966	1967	1968	1969	1970	1971	Mean 10 Yrs.	1972
Tuberculosis, respiratory system	White Non-W.	0,09 0,37	0,11 0,45	0,05 0,42	0,05 0,43	0,05 0,34	0,03 0,45	0,04 0,39	0,03 0,40	0,04 0,38	0,02 0,31	0,05 0,39	0,05 0,38
Tuberculosis, other forms	White Non-W.	0,01 0,07	0,07	0,01 0,06	0,00 0,06	0,01 0,07	0,05	0,05	0,00 0,05	0,01 0,03	0,03	0,00 0,05	0,03
Syphilis	White Non-W.	0,02	0,02	0,03	0,01	0,01 0,00	0,01 0,02	0,00 0,02	0,00 0,02	0,02	0,00 0,01	0,00 0,02	0,01
Aneurysm of the aorta	White Non-W.	0,00	0,00	0,01	0,00					0,00		0,00	
General paralysis of the insane: tabes dorsalis	White Non-W.	0,01 0,02	0,01	0,02	0,02	0,00 0,01	0,02	0,01 0,01	0,01	0,00 0,01	0,00	0,00 0,01	0,01 0,01
Enteric fever 1	White Non-W.			0,01		0,01		0,00			0,00	0,00	
Scarlet fever	White Non-W.			0,00								0,00	
Purulent infection - septicaemia, and erysipelas (non-puerperal)	White Non-W.	0,02 0,02	0,02 0,03	0,02 0,01	0,00 0,03	0,02 0,03	0,02 0,04	0,02 0,04	0,03 0,01	0,03 0,03	0,00 0,03	0,02 0,03	0,01 0,05
Diphtheria	White Non-W.	0,01	0,01	0,00	0,01 0,01	0,00			0,00			0,00 0,00	0,00
Whooping cough	White Non-W.	0,02	0,02	0,02	0,01	0,01	0,00	0,01		0,01	0,00	0,01	0,01
Meningococcal cerebrospinal meningitis	White Non-W.	0,01	0,00	0,00	0,01	0,00 0,03	0,07	0,02 0,02	0,02	0,00 0,01	0,01	0,00 0,02	0,02
Acute anterior poliomyelitis and polioen- cephalitis	White Non-W.						0,00	0,00				0,00 0,00	
Acute infectious encephalitis	White Non-W.	0,01	0,00	0,00		0,01	0,01	0,00	0,01	0,01		0,00 0,00	
Measles	White Non-W.	0,01 0,08	0,01 0,23	0,00 0,09	0,01 0,17	0,00 0,11	0,00 0,08	0,09	0,01 0,12	0,00 0,09	0,11	0,01 0,11	0,01 0,06
Cancer	White Non-W.	1,58 0,71	1,57 0,77	1,74 0,84	1,75 0,82	1,72 0,79	1,79 0,80	1,74 0,84	1,90 0,88	1,73 0,88	1,65 0,82	1,72 0,82	1,70 0,92

TABLE D - Continued.

DISEASE	Race	1962	1963	1964	1965	1966	1967	1968	1969	1970	1971	Mean 10 Yrs.	1972
Diabetes	White Non-W.	0,19 0,12	0,12 0,08	0,10 0,10	0,10 0,08	0,15 0,13	0,14 0,14	0,18 0,16	0,33 0,23	0,40 0,35	0,33 0,29	0,21 0,18	0,32 0,30
Intracranial lesions of vascular origin	White Non-W.	1,16 0,87	1,15 0,94	1,30 0,92	1,11 0,90	1,49 0,78	1,23 0,86	1,29 0,80	1,02 0,72	1,16 0,77	0,97 0,62	1,18 0,81	1,06 0,66
Acute rheumatic fever	White Non-W.	0,01 0,00	0,00 0,00	0,00 0,01	0,01 0,01	0,01 0,01	0,01 0,02	0,01 0,01	0,02 0,02	0,01 0,01	0,00 0,00	0,00 0,01	0,01 0,01
Cardiac diseases	White Non-W.	3,40 1,46	3,32 1,53	3,25 1,54	3,06 1,50	2,92 1,30	2,92 1,35	2,98 1,34	2,74 1,15	2,82 1,22	2,35 1,02	2,97 1,32	2,05 0,72
Arterio sclerosis	White Non-W.	0,16 0,04	0,14 0,07	0,14 0,09	0,13 0,07	0,25 0,08	0,10 0,07	0,07 0,06	0,09 0,02	0,11 0,04	0,06 0,04	0,12 0,06	0,01 0,04
Influenza	White Non-W.	0,01 0,01	0,03 0,02	0,00 0,01	0,00 0,01	0,01 0,01	0,00 0,01	0,00 0,01	0,02 0,02	0,00 0,01	0,00 0,01	0,00 0,01	0,00 0,00
Bronchitis and pneumonia (including pneumonia of the newborn)	White Non-W.	0,36 0,78	0,24 0,96	0,37 0,81	0,32 0,79	0,27 0,83	0,31 0,88	0,25 0,87	0,34 0,94	0,41 1,00	0,38 0,86	0,33 0,87	0,45 0,86
Gastro-enteritis and colitis, except ulcerative (including diarrhoea of the newborn)	White Non-W.	0,05 1,01	0,04 1,22	0,02 0,99	0,02 1,05	0,03 0,88	0,02 0,80	0,02 0,69	0,01 0,76	0,04 0,85	0,01 0,63	0,03 0,88	0,01 0,43
Nephritis	White Non-W.	0,15 0,11	0,11 0,10	0,13 0,14	0,07 0,11	0,06 0,07	0,09 0,08	0,08 0,13	0,11 0,10	0,11 0,07	0,11 0,08	0,10 0,10	0,06 0,08
Puerperal sepsis	White Non-W.	0,01 0,01	0,04 0,04	0,01 0,03	0,03 0,03	0,00 0,02	0,02 0,02	0,01 0,01	0,00 0,00	0,01 0,01	0,01 0,01	0,00 0,02	0,00 0,00
Other diseases of pregnancy, childbirth, and puerperal state	White Non-W.	0,01 0,02	0,02 0,02	0,01 0,01	0,00 0,03	0,00 0,03	0,04 0,04	0,02 0,02	0,00 0,01	0,00 0,02	0,02 0,02	0,00 0,02	0,01 0,01
Congenital malformations and diseases of early infancy	White Non-W.	0,33 1,05	0,31 1,21	0,30 1,16	0,28 1,29	0,24 1,18	0,21 1,09	0,25 0,99	0,30 0,97	0,23 0,90	0,20 0,76	0,26 1,05	0,19 0,56
Senility	White Non-W.	1,20 0,25	1,31 0,23	1,44 0,31	1,47 0,31	1,46 0,36	1,50 0,63	1,55 0,34	1,51 0,39	1,59 0,45	1,61 0,49	1,47 0,38	1,50 0,31
Accidents, poisonings and violence (external cause)	White Non-W.	0,60 0,65	0,53 0,68	0,71 0,99	0,58 1,07	0,52 1,02	0,57 1,07	0,42 0,89	0,57 1,07	0,57 1,14	0,37 0,94	0,54 0,96	0,31 0,57
Other causes	White Non-W.	1,08 1,00	1,08 1,57	0,96 1,73	1,20 1,79	1,24 1,71	1,05 1,31	1,26 1,51	1,32 1,40	1,33 1,32	1,90 0,72	1,14 1,39	1,23 1,36
Total	White Non-W.	10,40 8,73	10,12 10,30	10,57 10,32	10,20 10,61	10,46 9,76	10,03 9,91	10,19 9,31	10,34 9,34	10,57 9,62	9,04 7,82	10,18 9,53	8,99 7,41

TABLE E Deaths of Infants under 1 Year of Age, Classified by Cause and Age, 1972

(Corrected)

Inter- national Code No.	DISEASE	RACE	Under 1 day	Under 2 days	Under 3 days	Under 4 days	Under 5 days	Under 6 days	Under 7 days	Total under 1 week	Under 2 weeks	Under 3 weeks	Under 4 weeks	Total under 4 weeks	Under 5 months	Under 6 months	Under 7 months	Under 8 months	Under 9 months	Under 10 months	Under 11 months	Under 12 months	TOTAL under one year		Bantu Townships Included in foregoing columns									
			1	2	3	4	5	6	7	1	2	3	4	1	2	3	4	5	6	7	8	9	10	11	12	M	F	Per- sons	LANGA		GUGULETU			
																													M	F	Per- sons	M	F	Per- sons
010	Tuberculosis, meningel	White Non-W.																																
011	Tuberculosis, abdominal	White Non-W.																																
001--008 012--019	Tuberculosis, other forms	White Non-W.													1				2				2	1	3					2	1	3		
020	Syphillis, congenital	White Non-W.																																
050	Scarlet fever	White Non-W.																																
053	Septicaemia	White Non-W.																																
055	Diphtheria	White Non-W.													1								1		1									
056	Whooping cough	White Non-W.														1							1		1									
061	Tetanus and tetanus neonatorum	White Non-W.																																
085--086	Measles and rubella	White Non-W.													1	1	1	1	1	1	2	1	7	1	8				3		3			
279--289	Avitaminosis	White Non-W.																	1	2	2		3	1	1				1	1	2			
340	Simple meningitis	White Non-W.												1	2	1	1		1	1	1	1	10	5	15				1	2	3			
490--493 763	Pneumonia (all forms)	White Non-W.	2	3			1	1		7	2	2	3	14	9	17	9	3	6	3	5	6	41	37	78			2	2	2	9	4	13	
500--502	Bronchitis	White Non-W.																		2	1	1		5	5							3	3	
571,764	Diarrhoea and enteritis	White Non-W.				1			1				2	3	13	10	10	18	11	9	10	5	2	1	58	47	105	5	4	9	13	11	24	
754	Congenital malformations Circulatory system	White Non-W.	2				1	2		1		1	5	1	1		1	1					2		2									
750--3 755--9	Congenital malformations Other defects	White Non-W.	3	1					3	4		1	5	1	2	1	1	1					3	1	4						1	1	2	3
760--761	Injury at birth	White Non-W.	3	5	1				1	9		1	10										1	4	6	10					1	1	1	
762	Postnatal Asphyxia and Atelectasis	White Non-W.	1	4			1	1		1			1	10									1	1	1								2	2
765--9	Other Diseases peculiar to early infancy.	White Non-W.							1	8	1	1	2	9	1								1	1	2						1	1	2	
770--1	Haemolytic & Haemorrhagic Diseases of new born	White Non-W.							3					3									3		3									
772--3	Nutritional and other ill defined diseases	White Non-W.	12	8	6	4	1	1	2	33	7		1	8									6	2	8						5	3	8	
774--776	Prematurity	White Non-W.	2	1	1	1	1	5	2	59	6		6	64									4	2	6						5	10	15	
E, 924 -- E, 925	Accidental mechanical suffocation	White Non-W.																																
	Other and ill-defined or unknown causes	White Non-W.	1						1	3		1	1	6									3	1	9						3	1	4	
	TOTALS	White Non-W.	7	4	4	2	3	8	4	140	20	1	1	23	2	25	24	1	22	18	22	19	11	4	222	179	401	7	7	14	46	40	86	

TABLE E1 Deaths of Infants under 1 Year of Age, Classified by Cause and Month of Registration 1972.

(Corrected)

Inter-national Code No.	DISEASE	RACE	January	February	March	First Quarter	April	May	June	Second Quarter	July	August	September	Third Quarter	October	November	December	Fourth Quarter	YEAR	Percentage Total death	Rate per 1,000 live notified births.
010	Tuberculosis, meningeal	White Non-W.																			
011	Tuberculosis, abdominal	White Non-W.																			
001-008	Tuberculosis, other forms	White Non-W.																			
020	Syphilis, congenital	White Non-W.																			
050	Scarlet fever	White Non-W.																			
053	Septicaemia	White Non-W.																			
055	Diphtheria	White Non-W.																			
056	Whooping cough	White Non-W.																			
061	Tetanus and tetanus neonatorum	White Non-W.																			
085-086	Measles and rubella	White Non-W.	1			1					2	2		4		3		3	8	2,0	0,4
279-289	Avitaminoses	White Non-W.	2			2															
340	Simple meningitis	White Non-W.	3			3					3	3	1	7	1	2	2	1	15	3,2	0,2
490-493	Pneumonia (all forms)	White Non-W.	10			10					11	19	7	37	5	18	8	31	78	6,5	0,5
763																					
500-502	Bronchitis	White Non-W.										1	2	3	2			2	5	1,2	0,3
571,764	Diarrhoea and enteritis	White Non-W.	19			19					17	20	5	42	12	18	14	44	105	26,2	5,8
754	Congenital malformations circulatory system	White Non-W.									1	2		1	1	6		1	2	6,5	0,5
750-3	Congenital malformations other defects	White Non-W.									2		2	2	1	1		2	4	12,9	1,0
755-9											3		2	5	3	4	1	8	13	3,2	0,7
760-761	Injury at birth	White Non-W.									1	3	1	5	2	1	2	1	10	3,2	0,2
762	Postnatal Asphyxia and Atelectasis	White Non-W.									2	2	1	5	1	3	1	5	10	3,2	0,2
765-9	Other Diseases Peculiar to early Infancy	White Non-W.									3		1	4	1	4	2	6	2	6,5	0,5
770-1	Haemolytic and Haemorrhagic Diseases of new born.	White Non-W.									2			2			1	1	3	0,6	0,2
772-3	Nutritional and other ill defined diseases	White Non-W.	7			7					7	3	8	3	3	2	7	5	8	25,8	2,0
774-776	Prematurity	White Non-W.	2			2					8	1	2	3	1	6	5	1	6	19,3	1,5
E 924 - E 925	Accidental mechanical suffocation	White Non-W.	17			17						6	16	30				17	64	16,0	3,6
	Other and ill-defined or unknown causes	White Non-W.									1	3	2	1	3	2	2	2	18	4,5	0,7
	TOTALS	White Non-W.	2			2					61	67	48	176	41	78	47	166	401	100	7,6

TABLE F Deaths of Infants under 1 Year of Age, Classified by Legitimacy, 1972

(Corrected)

	Place of Death	All Infants				Legitimate				Illegitimate				No Statement	
		Neo-natal		Post neo-natal		Neo-natal		Post neo-natal		Neo-natal		Post neo-natal		Neo- natal	Post neo-natal
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.				
White	Hospital	16	6	7	1	13	5	5	1	2	1			1	2
	Domiciliary	1								1					
Coloured	Hospital	68	47	36	38	41	22	22	16	20	20	10	18	12	8
	Domiciliary	10	8	55	35	4	4	17	18	6	3	32	13	1	10
Bantu	Hospital	12	17	15	16	3	7	4	4	7	8	7	8	4	8
	Domiciliary	3		22	17			12	3	2		8	7	1	9
Asiatic	Hospital	1	1			1	1								
	Domiciliary														
Non-White	Hospital	81	65	51	54	45	30	26	20	27	28	17	26	16	16
	Domiciliary	13	8	77	52	4	4	29	21	8	3	40	20	2	19
All races	Hospital	97	71	58	55	58	35	31	21	29	29	17	26	17	18
	Domiciliary	14	8	77	52	4	4	29	21	9	3	40	20	2	19

TABLE G Notified Births and Still Births for the year 1972 classified in wards as to Race, Legitimacy and Percentage of Total Births in Institutions. - (Corrected)

WARDS	WHITE						NON-WHITE						TOTALS			STILL-BIRTHS			Total still-births.		Percentage of total births, including still-births, occurring in institutions.			
	Legitimate			Illegitimate			Total			Legitimate			Illegitimate			Total			White		Non-White		White	Non-White
	Males	Fe-males	Total	Males	Fe-males	Total	Males	Fe-males	Total	Males	Fe-males	Total	White	Non-White	Total	Legit.	Illegit.	Legit.	Illegit.	Total				
1.	65	87	154	2	65	89	154	5	2	15	14	36	154	36	190	2	1	2		99	94			
2.	78	84	168	4	82	86	168	5	4	25	25	59	168	59	227	2	1			100	89			
3.	99	86	195	8	107	88	195	5	7	16	16	44	195	44	239	1	1	1		100	100			
4.	43	45	93	1	44	49	93	118	92	33	24	267	93	267	360	1		2		99	78			
5.	159	183	367	12	171	196	367	11	12	22	19	64	367	64	431	4	1	1		99	85			
6.	24	30	61	3	27	34	61	147	95	87	88	417	61	417	478			1		98	82			
7.	2	4	6		2	4	6	5	2		3	5	6	10	16					100	91			
8.	66	71	158	9	75	83	158	422	409	136	139	548	158	1 106	1 264	1		4		92	72			
9.	202	199	422	16	218	204	422	488	440	264	266	706	422	1 458	1 880	3		8		95	78			
10.	156	160	345	16	172	173	345	29	36	13	11	47	345	89	434	5		2		96	74			
11.	105	96	205	2	107	98	205	3	3	7	6	9	205	19	224	1				100	79			
12.								3 469	3 405	2 136	2 104	5 509	11 114	11 114	11 114			125		96	57			
13.	216	202	433	6	222	211	433	125	141	43	35	176	433	344	777			6		98	61			
14.	136	129	427	85	221	206	427	65	69	24	27	96	427	185	612		3	3		99	66			
15.	129	143	307	13	142	165	307	131	105	29	23	128	307	288	595	2		1		98	60			
16.	262	239	519	7	269	250	519	242	242	149	129	371	519	762	1 281	6		7		96	47			
17.	130	86	232	7	137	95	232	511	461	403	382	843	232	1 757	1 989	1		18		94	49			
Not allocated (unascertained addresses)										1		1		1	1									
TOTAL	1 872	1 844	4 092	189	2 061	2 031	4 092	5 781	5 525	3 403	3 311	8 836	4 092	18 020	22 112	27	6	177	172	382	97	60		
Births in Cape Town which did not belong thereto																								
* Langa	913	926	1 887	23	936	951	1 887	541	455	441	430	885	1 887	1 867	3 754	5		11	28	44	99	95		
* Guguletu Township								101	119	150	185	304		555	555			9	12	21		70		
								682	756	765	746	1 502		2 949	2 949			42	43	85		56		

* Included in Main table.

TABLE H Births in Institutions, 1972

LIVE- AND STILL-BIRTHS

Institution	Total Births.		Births belonging to Cape Town		Births not belonging to Cape Town (outward transfers).	
	White	Non-White	White	Non-White	White	Non-White
Peninsula Maternity Hospital		5 036		4 627		409
Somerset Hospital		2 888		2 689		199
St. Monica's Home		1 346		1 087		259
St. Joseph's Sanatorium	1 422		618		804	
Mowbray Maternity Hospital	2 897		2 224		673	
Groote Schuur Hospital		3 362		2 457		905
Booth Memorial Hospital	761		559		202	
Kingsbury Nursing Home	694		534		160	
Military Hospital						
Nannie Huis		24		7		17
Other Institutions		322		266		56
TOTAL	5 774	12 978	3 935	11 133	1 839	1 845

TABLE I Discontinued.

TABLE J Births, Deaths, Natural Increase, and Infant Deaths, and corresponding rates, for the year 1972.

Race	Notified Births		Deaths		Natural Increase		Deaths under one year	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate
White:								
Corrected	4 092	17,1	1 253 (2 148)	8,99	1 944	8,1	31 (53)	13,0
Coloured:								
Corrected	14 156	34,3	1 772 (3 038)	7,37	11 118	27,0	296 (507)	35,8
Bantu:								
Corrected	3 682	40,4	414 (710)	7,79	2 972	32,6	103 (177)	48,1
Asiatics:								
Corrected	182	18,3	34 (58)	5,85	124	12,5	2 (3)	16,5
All Non-White:								
Corrected	18 020	35,1	2 220 (3 806)	7,41	14 214	27,7	401 (687)	38,1
All races:								
Corrected	22 112	29,4	3 473 (5 954)	7,91	16 158	21,5	432 (740)	33,5
* Bantu resident in Langa Township	554	17,4	120 (205)	6,42	349	10,9	14 (24)	43,3
* Bantu resident in Guguletu Township	2 944	60,0	269 (461)	9,39	2 483	50,6	84 (144)	48,9

* Included in above totals.

All rates are per 1 000 population except the infant mortality rate, which is expressed per 1 000 live-births.

TABLE K Infant Mortality Rates per 1,000 Births by Causes
(Corrected)

INFANTS UNDER ONE YEAR OF AGE

Period	Common infectious diseases		Tuberculous diseases		Syphilis		Bronchitis and pneumonia		Diarrhoea and enteritis		Developmental diseases		Miscellaneous diseases (remainder)		Total mortality (all causes)	
	White	Non-White	White	Non-White	White	Non-White	White	Non-White	White	Non-White	White	Non-White	White	Non-White	White	Non-White
Quinquennium 1941-1942 to 1945-1946 1946-1947 to 1950-1951 1951-1952 to 1956 1957-1961 1962-1966 1967-1971 1968-1972	0,8	3,3	0,9	8,0	0,3	4,7	3,7	32,9	6,7	37,9	18,9	31,0	6,6	12,9	87,9	130,7
	0,5	2,8	0,8	8,7		2,5	2,8	22,5	3,8	30,5	15,8	28,9	5,9	13,2	29,6	109,1
	0,1	1,0	0,2	4,2		0,5	2,3	15,1	2,3	42,9	15,0	25,8	5,1	14,2	25,6	103,6
	0,2	1,4		1,3		0,2	2,4	13,2	1,0	31,6	13,5	23,4	5,0	14,9	21,8	85,9
	0,1	2,2		0,4		0,2	1,6	11,8	1,3	21,9	13,0	27,1	3,9	14,4	20,0	78,0
	0,1	1,5		0,5	0,1	0,3	1,4	9,4	0,8	16,8	10,2	22,4	2,7	8,9	15,3	59,8
		1,2		0,3	0,1	0,3	1,3	8,5	0,6	14,8	10,1	19,4	2,7	7,2	14,9	51,6
Year 1963 1964 1965 1966 1967 1968 * 1969 1970 1971 1972	0,6	3,4		0,6		0,4	1,6	13,0	1,1	25,1	13,8	24,7	6,1	18,9	23,2	86,1
	0,3	1,5		0,4		0,4	1,3	11,0	1,1	20,6	13,2	26,9	3,0	16,8	18,9	77,6
		2,3		0,7		0,2	1,5	10,6	1,2	21,8	13,4	29,0	3,5	13,9	19,4	78,5
	0,3	2,3		0,3		0,1	0,5	11,9	1,9	20,6	10,2	30,0	3,8	12,5	16,6	77,7
	0,3	2,2		0,9		0,4	1,1	12,5	0,8	20,1	10,3	29,7	2,1	13,0	14,8	78,9
		1,4		0,3		0,5	1,3	9,3	0,5	14,1	10,4	22,2	2,6	9,7	14,9	57,6
		1,3		0,6	0,3	0,3	1,5	9,3	0,8	16,2	12,7	21,9	2,8	8,3	18,0	58,0
		1,3		0,2		0,3	1,2	8,5	1,2	19,9	9,1	20,0	4,3	8,7	15,8	58,8
		1,2		0,3		0,2	1,9	7,3	0,7	13,9	8,6	18,2	1,6	4,6	12,8	45,6
		0,8		0,3			0,7	7,9		10,0	9,5	14,5	2,4	4,7	13,0	38,1

* Rates based on notified births from 1968.

TABLE K Continued
INFANTS FROM 1 TO 2 YEARS OF AGE *

Period	Common infectious diseases		Tuberculous diseases		Syphilis		Bronchitis and pneumonia		Diarrhoea and enteritis		Developmental diseases		Miscellaneous diseases (remainder)		Total mortality (all causes)	
	White	Non-White	White	Non-White	White	Non-White	White	Non-White	White	Non-White	White	Non-White	White	Non-White	White	Non-White
Quinquennium																
1941-1942 to																
1945-1946	0,9	3,9	0,9	14,1		0,9	19,8	1,6	20,9		0,2	0,4	1,3	5,7	5,8	65,2
1946-1947 to																
1950-1951	0,3	3,0	0,7	12,7		0,6	9,6	0,6	13,3			0,1	0,8	4,1	8,0	44,0
1951-1952 to																
1956	0,4	1,1	0,5	6,1		0,4	4,6	0,6	17,3		0,2	0,2	1,1	4,3	3,1	33,8
1957-1961	0,1	1,3		1,8		0,5	4,3	0,2	9,4		0,2	0,6	1,3	5,0	2,3	22,5
1962-1966	0,3	2,1		0,6		0,5	2,9	0,1	4,9		0,4	0,3	0,8	7,1	2,1	18,0
1967-1971	0,1	1,3		0,4		0,1	2,7		3,3		0,3	0,4	0,4	4,3	1,1	12,2
1968-1972		1,2		0,3		0,3	2,1		2,8		0,4	0,3	0,6	3,4	1,2	10,1
Year																
1963	0,3	3,3		0,8			4,0	0,3	6,8		0,3	0,3	1,6	8,0	2,5	23,2
1964	0,3	1,4		0,6		0,6	2,8		5,5		0,8	0,2		7,2	1,7	17,7
1965	0,8	2,9		0,5			2,5		4,2		0,3	0,2	1,1	7,7	2,2	18,0
1966	0,3	1,3		0,4		1,2	2,4		2,9		0,3	0,3	0,3	7,7	2,1	15,1
1967	0,3	1,3		0,5		0,3	3,7		3,6			0,8	0,8	6,4	1,1	16,3
1968 ‡		1,4		0,4			2,3		3,2			0,4	0,3	4,7	0,5	12,4
1969		1,4		0,2			2,9		3,0		0,5	0,3	0,8	4,3	1,3	12,1
1970		0,9		0,3		0,3	2,8		3,4		0,5	0,4	1,3	3,7	2,1	11,4
1971		1,4		0,4		0,2	1,7		3,1		0,5	0,3		2,2	0,7	9,0
1972		0,8		0,3		0,5	0,9		1,1		0,5	0,1	0,5	2,3	1,2	5,6

‡ Rates based on notified births from 1968

* The rate for the year is calculated on the births (less the deaths under one year) in the previous year.

TABLE L Estimated Populations and Vital Statistic Rates since 1943.

PERIODS	Estimated Populations			Birth rates			Illegitimate births Percentage of total births			Death rates corrected for outward transfers			Natural increase rates			Infant mortality rates			Enteric fever death rates Corrected for outward transfers			Tuberculosis (all forms) death rates corrected for outward transfers		
	White	Non- White	Total	White	Non- White	Total	White	Non- White	Total	White	Non- White	Total	White	Non- White	Total	White	Non- White	Total	White	Non- White	Total	White	Non- White	Total
Quinquennium																								
1941-1942				20,82	43,51	32,82	3,82	22,96	17,04	10,25	22,47	16,52	10,57	21,04	15,92	37,87	130,68	102,08	0,02	0,07	0,04	0,72	6,06	3,45
to 1945-1946				19,92	43,26	32,60	2,95	23,95	17,91	9,76	17,20	13,82	10,16	26,06	18,78	29,59	109,12	87,34	0,01	0,05	0,03	0,57	4,50	2,71
1946-1947				18,2	37,8	29,8	3,2	24,5	19,2	9,6	12,3	11,2	8,6	25,5	18,6	25,3	102,4	83,5		0,0	0,0	0,2	1,7	1,1
to 1950-1951				19,1	42,5	33,2	3,9	23,7	19,2	10,3	11,5	11,0	8,8	31,0	22,1	21,8	85,9	71,5		0,0	0,0	0,2	0,7	0,5
1951-1952				17,7	36,6	30,1	4,8	25,6	21,4	10,2	10,0	10,1	7,5	26,7	20,0	20	78	66		0,0	0,0	0,1	0,5	0,5
to 1956				17,8	36,1	30,1	8,2	30,1	25,8	9,7	9,3	9,4	8,1	26,8	20,6	15	60	51		0,0	0,0	0,0	0,4	0,5
1957-1961				18,2	36,3	30,6	8,4	31,6	27,2	9,8	8,7	9,1	8,4	27,6	21,5	15	52	45		0,0	0,0	0,0	0,4	0,3
1962-1966																								
1967-1971																								
1968-1972																								
YEAR																								
1942-1943	164090	166590	330680	21,11	42,02	31,66	3,73	22,06	16,04	10,85	21,95	16,27	10,27	20,42	15,39	42,26	125,79	98,65	0,02	0,08	0,05	0,68	6,09	3,40
1943-1944	169180	179780	348960	22,82	44,90	34,25	3,46	22,02	16,05	9,89	25,51	17,95	12,93	19,48	16,30	32,82	143,21	107,85	0,00	0,04	0,03	0,73	6,90	3,91
1944-1945	173890	185120	359010	20,58	44,25	32,81	4,01	24,36	18,24	10,16	22,18	16,39	10,42	22,07	16,42	33,91	127,19	99,60	0,02	0,09	0,06	0,73	5,90	3,40
1945-1946	178720	190690	369410	19,69	43,79	32,15	3,36	24,23	18,10	9,62	19,99	15,00	10,07	23,80	17,15	37,61	109,40	88,73	0,02	0,06	0,04	0,74	5,98	3,45
1946-1947	181550	198610	380160	21,93	45,69	34,36	3,10	23,03	17,01	9,44	18,64	14,27	12,48	27,05	20,09	27,46	107,97	84,05	0,03	0,12	0,08	0,71	5,17	3,04
1947-1948	182700	208000	390700	20,69	42,42	32,29	3,00	23,11	17,06	10,52	19,04	15,09	10,17	23,38	17,20	37,06	122,20	97,51	0,03	0,04	0,03	0,66	5,44	3,21
1948-1949	183870	217840	401710	20,29	44,21	33,27	2,96	23,89	18,07	9,60	17,38	13,38	10,69	26,83	19,44	29,29	100,88	88,37	0,01	0,04	0,02	0,45	4,69	2,75
1949-1950	185040	228170	413210	18,70	43,01	32,13	2,69	24,36	18,71	9,68	16,44	13,42	9,02	26,57	18,71	29,56	101,47	83,00	0,01	0,03	0,01	0,57	3,96	2,44
1950-1951	186790	255510	442300	18,02	41,40	30,16	2,96	24,08	19,42	9,55	14,97	12,00	8,47	26,43	18,56	23,91	104,20	84,07	0,01	0,02	0,01	0,46	3,47	2,16
1951-1952	187540	261280	448820	18,27	40,94	31,26	3,11	25,40	19,86	9,88	14,99	12,82	8,39	25,95	18,43	28,78	106,26	87,26	0,01	0,01	0,01	0,26	2,97	1,81
1952-1953	188300	267220	455520	18,37	39,42	30,62	3,38	24,58	19,26	9,33	13,12	11,54	9,04	25,30	19,08	21,29	101,35	81,32	0,01	0,01	0,00	0,21	2,07	1,29
1953-1954	189070	273310	462380	18,23	37,86	29,86	3,59	24,55	19,30	9,03	12,25	11,09	8,86	25,61	18,77	30,43	100,55	83,71	0,01	0,01	0,00	0,24	1,77	1,15
1954-1955	189830	279580	469410	17,62	36,95	29,26	2,65	23,66	18,59	9,15	11,52	10,60	8,47	25,43	18,66	21,45	100,80	82,52	0,01	0,02	0,01	0,17	1,21	0,80
1956	190600	286010	476610	18,6	34,3	28,3	3,0	24,2	18,9	9,0	10,3	10,2	8,6	23,9	18,0	24,5	103,0	83,4	0,01	0,01	0,01	0,1	0,8	0,5
1957	191380	292620	484000	18,4	36,5	29,8	3,6	24,7	19,8	10,0	10,6	10,4	8,5	25,9	19,4	23,5	95,5	79,3	0,0	0,0	0,0	0,2	0,9	0,6
1958	192150	299420	491570	18,8	34,4	28,7	4,0	23,7	19,0	9,7	9,9	9,8	9,2	24,4	18,8	23,1	97,6	80,2	0,0	0,0	0,0	0,2	0,7	0,5
1959	192930	306390	499320	19,2	34,3	28,9	4,1	23,8	19,2	10,0	8,6	9,1	9,2	25,7	19,8	17,5	80,2	65,5	0,0	0,0	0,0	0,2	0,5	0,4
1960	193710	338020	531730	18,4	38,3	31,1	4,0	23,2	19,0	10,9	10,5	10,7	7,3	24,7	18,7	25	81	69	0,0	0,0	0,0	0,0	0,6	0,4
1961	195650	348810	544460	18,9	36,4	30,1	3,8	23,3	19,0	10,2	9,5	9,8	8,7	26,8	20,3	20	76	64	0,0	0,0	0,0	0,1	0,6	0,4
1962	197910	360880	558790	18,9	35,2	29,4	3,9	23,4	19,0	10,4	8,7	9,3	8,5	26,5	20,1	22	70	59	0,0	0,0	0,0	0,1	0,5	0,4
1963	200210	377150	577360	18,1	36,2	29,9	4,7	24,2	20,1	10,1	10,3	10,2	7,9	25,9	19,6	23	86	73	0,0	0,0	0,0	0,1	0,5	0,4
1964	202530	388430	590960	18,3	37,3	30,8	4,8	25,4	22,9	10,6	10,3	10,4	7,7	27,0	20,4	19	78	66	0,0	0,0	0,0	0,1	0,5	0,3
1965	204880	405130	610010	16,8	38,4	31,2	4,6	27,0	24,2	10,2	10,6	10,5	6,6	27,8	20,7	17	78	66	0,0	0,0	0,0	0,0	0,5	0,3
1966	207250	427530	634780	18,0	35,1	29,5	5,9	28,1	23,7	10,5	9,8	10,0	7,5	25,4	19,5	17	78	66	0,0	0,0	0,0	0,0	0,5	0,3
1967	209650	441110	650760	18,0	31,6	27,2	8,3	29,9	25,3	10,0	9,9	10,0	8,0	21,7	17,3	15	79	66	0,0	0,0	0,0	0,0	0,5	0,4
1968	212080	444920	657000	18,1	38,4	31,8	9,4	27,5	24,1	10,2	9,3	9,6	7,9	29,1	22,2	15	58	50	0,0	0,0	0,0	0,0	0,4	0,3
1969	214540	462000	676540	18,4	37,4	31,4	7,8	28,6	24,7	10,3	9,3	9,7	8,1	28,0	21,7	18	58	51	0,0	0,0	0,0	0,0	0,5	0,3
1970	217030	477200	694230	19,2	35,2	30,2	8,0	31,2	26,6	10,6	9,6	9,9	8,6	25,6	20,3	16	59	50	0,0	0,0	0,0	0,0	0,4	0,3
1971	235550	500210	735760	18,3	35,5	30,0	7,5	33,4	28,3	9,0	7,8	8,2	9,2	27,6	21,7	13	46	39	0,0	0,0	0,0	0,0	0,4	0,2
1972	239050	513410	752460	17,1	35,1	29,4	9,2	37,3	32,1	9,0	7,4	7,9	8,1	27,7	21,5	13	38	34	0,1	0,0	0,0	0,1	0,4	0,3

City extended in 1943-44 by incorporation of district of Wynberg. City extended in 1971 by incorporation of districts of Thornton, Bergvillet, Meadowridge, Ottery (part) and Kirstenhof. The population and rates for the years 1961 onward have been corrected according to the final figures of the 1970 census. Birth rates based on notifications from 1968.

TABLE N Notification of Infectious Diseases Classified for Month of Notification, 1972

W. - White
O. - Non-White

	Tuberculosis respiratory			Tuberculosis other forms			Enteric			Diphtheria			Scarlet Fever			Erysipelas			Cerebrospinal Fever			Infective Encephalitis		
	W.	O.	Total	W.	O.	Total	W.	O.	Total	W.	O.	Total	W.	O.	Total	W.	O.	Total	W.	O.	Total	W.	O.	Total
January	4	100	104	4	19	23							1	1	1									
February	7	98	105		20	20		3	3	1	1		1	1	2									
March	3	119	122	1	22	23		3	3				3	1	4									
April	3	79	82		18	18							1	1	1									
May	7	86	93		18	18			1	1			9		9									
June	3	94	97		30	30		2	2				9	2	11									
July	5	105	110		22	22							1	1	2									
August	3	171	174	1	67	68		1	1				3	2	5									
September	7	125	132		19	19		3	3				1	2	3									
October	6	132	138		40	40		3	3				4		4									
November	5	134	139	1	32	33	1		1	1	1		1		1									
December		103	103		27	27		1	1	1	1		1		1									
YEAR	53	1 346	1 399	7	334	341	1	16	17	5	5	5	32	12	44		1	1	8	50	58			

PERIOD	Acute Poliomyelitis			Ophthalmia			Puerperal Fever			Tetanus			Leprosy			Whooping cough			Viral Hepatitis			Malaria		
	W.	O.	Total	W.	O.	Total	W.	O.	Total	W.	O.	Total	W.	O.	Total	W.	O.	Total	W.	O.	Total	W.	O.	Total
January					9	9				3		3						3	9	15				
February				1	3	4		2	2									4	4	14				
March		1	1		5	5	1		1	1	1							3	3	13				
April					2	2				1	1	1				1		9	9	7				
May					3	3				1	1	1				3		12	15	27				
June		2	2		1	1										2		11	10	21				
July		1	1													1		15	14	29				
August		1	1		1	1			1							2		6	6	12	1		1	
September	1	2	3		1	1										1		7	8	15				
October					3	3										2		2	6	8				
November		2	2													1		1	1	15				
December		1	1		3	3										1		1	4	5				
YEAR	1	10	11	1	31	32	1	2	3	6	1	7				9	15	24	80	127	207	1	1	1

TABLE 0 Notification of Infectious Diseases Classified for Age-Groups, 1972

W. - White
O. - Non-White

Age-groups	Tuberculosis respiratory				Tuberculosis other forms				Enteric				Diphtheria				Scarlet Fever				Erysipelas				Cerebrospinal Fever				Infective encephalitis			
	W.		O.		Total	W.		O.		Total	W.		O.		Total	W.		O.		Total	W.		O.		Total	W.		O.		Total		
	M.	F.	M.	F.		M.	F.	M.	F.		M.	F.	M.	F.		M.	F.	M.	F.		M.	F.	M.	F.		M.	F.	M.	F.		M.	F.
0- 1 yr.		16	14	30			10	2	12																							
1- 2 "		29	27	56			20	23	43																							
2- 4 "		41	40	81			64	53	119																							
5- 9 "		23	19	42			33	39	73																							
10-14 "		4	12	16			9	9	18																							
15-24 "	5	117	120	247			13	15	28																							
25-34 "	4	154	87	249			8	6	15																							
35-44 "	5	3	232	54	294			7	8	15																						
45-54 "	11	2	191	34	238			6	1	9																						
55-64 "	5	1	73	13	92			2	3	6																						
65-74 "	7	1	30	8	46				2	3																						
75-84 "		6	1	7			1	2	3																							
85 years and over.			1																													
Unknown																																
Total	37	16	916	430	1 399	3	4	173	161	341	1	10	6	17																		

Age-groups	Acute poliomyelitis				Ophthalmia				Puerperal fever				Tetanus				Leprosy				Whooping Cough				Viral Hepatitis				Malaria			
	W.		O.		W.		O.		W.		O.		W.		O.		W.		O.		W.		O.		W.		O.					
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.				
0- 1 yr.				1																												
1- 2 "				2																												
2- 4 "				4																												
5- 9 "				2																												
10-14 "																																
15-24 "																																
25-34 "																																
35-44 "																																
45-54 "																																
55-64 "																																
75-84 "																																
85 years and over.																																
Unknown																																
Total	1	3	7	11	1		19	12	32	1	2	3	7	2	7	2	7	24	50	30	67	60	207		1	1		1				

TABLE P: Notification of Infectious Diseases Classified for Wards, etc. 1972

W. - White. O. - Non-White.

Wards of the City etc.	Tuberculosis respiratory system			Tuberculosis other forms			Enteric Fever			Diphtheria			Scarlet Fever			Erysipelas			Cerebrospinal Fever			Infective Encephalitis		
	W.	O.	Total	W.	O.	Total	W.	O.	Total	W.	O.	Total	W.	O.	Total	W.	O.	Total	W.	O.	Total	W.	O.	Total
1.		2	2				1		1				1											
2.	8	13	21										1						1					
3.		1	1										1						1		2			
4.		1	1										2						1		1			
5.	1	4	5										2											
6.	5	72	77	2	9	11							2											
7.		3	3																					
8.	3	37	40		2	2	1	1	1	1	1		1						1	2	3			
9.	5	75	80		25	25	1	1	1				7	1	8				6		6			
10.	5	1	6	2	2	4												4		4				
11.	2	2	4										4						1	1	1			
12.		966	966		257	257	5	5	5	3	3		1	6	7	1	1		29	29	29			
13.	2	7	9		3	3				1	1		4	1	5				1	2	3			
14.	6	19	25		1	1							2		2				1	1	1			
15.	6	30	36	1	6	7				6			1		1				1	1	1			
16.	8	4	12	2	2	2	5	5	5				4	2	6			1	1	1	2			
17.	2	106	108		29	29	3	3	3				2	1	3				5	5	5			
Not Allocated		3	3				1	1	1															
TOTAL	53	1 346	1 399	7	334	341	1	16	17	5	5		32	12	44		1	1	8	50	58			
Imported Infection	7	451	458		65	65																		
Direct Removals	45	238	283		22	22	5	13	18	3	7	10	5	1	6	1		1	6	41	47	3	1	4
* Guguletu		356	356		136	136		1	1											3	3			
* Langa		288	288		35	35				1	1								3	3	3			

* Included in Main Table

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